S. No. 2
M—8-43
. 5-17-39
1 X37823

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14638

FILED MAY 18 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3637

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2845 Lemp Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 24 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2845 Lemp Ave 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Oscar Dellbringge

3. (b) If veteran, name war *******

3. (c) Social Security No. 492-16-1991

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 6 1902
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
43	11	11	hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Crib Man

11. Industry or business Emerson Electric Co

FATHER
12. Name Henry B. Dellbringge 0
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louisa Waelke
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Henry B Dellbringge
(b) Address 2845 Lemp Ave

17. (a) Burial (b) Date thereof April 20 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 6409 Gravois Ave

19. (a) APR 20 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17th. day April
year 1946 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1, 1945 to April 15, 1946
that I last saw him alive on April 15, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
mitral clasping — yrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature H. S. Pyne (M. D. or other) MD
Address 1803 Chestnut Date signed 4/18/46

(Licensed Embalmer's Statement on Reverse Side)

Dr Byrne
1803 Pentalogic
La-0244
10:30 to 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Homer U. Fritz

Licensed Embalmer No. 3882

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.