. S. No. 2
OM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43648

FILED DEC 31 1947

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 2632

96
2
3

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

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution: St. Louis Co. Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days. (Specify whether

In this community 5 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Wellston (If outside city or town limits, write "RURAL") 0

(d) Street No. 1571 Wellston Avenue (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Frank Delcour

3. (b) If veteran, name war No

3. (c) Social Security No. 493-07-0886

4. Sex M O

5. Color or race Wh

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

6. (b) Name of husband or wife Ella Delcour

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased 4 (Month) - 5 (Day) - 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	8	15	hr. min.

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

10. Usual occupation Maintenance Man

11. Industry or business Curtis Mfg. Co.

FATHER
12. Name Lewis Delcour 0
13. Birthplace Missouri (City, town, or county) (State or foreign country)

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

16. (a) Informant Wife - Ella

(b) Address 1571 Wellston, Wellston

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-47 (Month) (Day) (Year)

(c) Place: burial or cremation St. Clair, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 12-22-47 (Date received local registrar) (b) [signature] (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20 year 1947 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 16 1947 to Dec. 20 1947 that I last saw him alive on Dec. 20 1947 and that death occurred on the date and hour stated above.

Immediate cause of death [illegible]

Due to Hypertensive Cardiovascular disease

Due to Nephrosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

1310

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) 0

While at work? (e) Means of injury

23. Signature Wilson G. Brown (M. D. or other) M.D.

Address St. Louis County Hosp. Date signed 12/20/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Ernest W. Gillard

Licensed Embalmer No. H080

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.