

FILED JAN 24 1949

State File No. ....

Registration District No. 397

Primary Registration District No. 3063

Registrar's No. 2945

1. PLACE OF DEATH:

(a) County... ST. LOUIS  
 (b) City or town... CAYTON  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
ST. LOUIS COUNTY HOSPITAL  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 20 DAYS  
 (Specify whether  
 In this community 15 YEARS  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS  
 (c) City or town...  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3098 LUCAS HUNT  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME W.M. DELLERMANN

3. (b) If veteran, name war No. 3. (c) Social Security No. \_\_\_\_\_

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced W  
 6. (b) Name of husband or wife BARBARA 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 2 20 1861  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 10 1 hr. \_\_\_\_\_ min.

9. Birthplace ST. LOUIS MISSOURI  
 (City, town, or county) (State or foreign country)

10. Usual occupation BOOK

11. Industry or business BOOK

MOTHER FATHER { 12. Name FRED DELLERMANN  
 13. Birthplace HOLLAND 4  
 (City, town, or county) (State or foreign country)  
 14. Maiden name LOUISE PORTMAN 4  
 15. Birthplace HOLLAND 4  
 (City, town, or county) (State or foreign country)

16. (a) Informant W.M. DELLERMANN  
 (b) Address 3098 LUCAS HUNT  
 17. (a) Burial (b) Date thereof 12/24/48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation New Bethlehem Cem.

18. (a) Signature of funeral director Thompson-Yoss  
 (b) Address 3402 N. Kings Highway  
 19. (a) 12-23-48 (b) Thompson-Yoss  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21  
 year 1948 hour 11 minute 00 P M.

21. I hereby certify that I attended the deceased from December 1 1948 to December 21 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to 46 &

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Cancer of Stomach 15 IX

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury D

23. Signature R.P. Coyle MD (M. D. or other)  
 Address 601 So. Brentwood, Clayton Date signed 12/22/48

**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..... *G. W. Wilkinson*.....

Licensed Embalmer No..... *3575*.....

P. O. Address..... *St. Louis Mo*.....

**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.**