

FILED MAY 27 1949

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis.</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis Mo</b>		c. LENGTH OF STAY (In this place) <b>1</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis.</b>		d. STREET ADDRESS (If rural, give location) <b>5943 Pershing.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5943 Pershing Ave.</b>				d. STREET ADDRESS (If rural, give location) <b>5943 Pershing.</b>			
3. NAME OF DECEASED a. (First) <b>Herman</b> (Type or Print)			b. (Middle) <b>H.</b>		c. (Last) <b>Delius</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 20 1949</b>
5. SEX <b>Male. U</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married. 1</b>	8. DATE OF BIRTH <b>April 6 1872.</b>		9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>I</b>	IF UNDER 24 HRS. Days <b>I4</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cigar Maker.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lambert Cigar</b>		11. BIRTHPLACE (State or foreign country) <b>Vlotho Germany. 4</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Herman</b>			13b. MOTHER'S MAIDEN NAME <b>Anna</b>		14. NAME OF HUSBAND OR WIFE <b>Catherine Delius.</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>490-12-6831</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Virginia J. Altenbernd, 5943 Parshing</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chr. Myocarditis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>7</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>		21f. HOW DID INJURY OCCUR? <b>H201</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <b>5-19-49 7:30</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I, hereby certify that I attended the deceased from <b>4-9, 1949</b> , to <b>5-20, 1949</b> , that I last saw the deceased alive on <b>5-19, 1949</b> , and that death occurred at <b>3:15</b> Pm., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Edwin P. Meiners M.D. D.</b>			23b. ADDRESS <b>6667 E. Wright Ave.</b>		23c. DATE SIGNED <b>5-20-49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 23, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>		
DATE REC'D BY LOCAL REG. <b>MAY 21 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Savater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Chas. E. Stuart 1225 Union</b>			

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

6651 Burroughs  
Ea. 5042

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed

*Clement McNeary*

Licensed Embalmer No. *3732*

P. O. Address

*St. Louis*

**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.