

FILED JAN 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2816

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 258

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57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Hosp.		Length of stay in lb 5 days	
3. NAME OF DECEASED (Type or print) Lena		First Lena		Middle May	
Last Delfosse		4. DATE OF DEATH		Month 1	
Day 8		Year 58		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 28, 1893	
9. AGE (In years last birthday) 64		FUNDER 1 YEAR Months		IF UNDER 24 HRS. Days	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Food Service Helper-Ret.		10b. KIND OF BUSINESS OR INDUSTRY Hospital		11. BIRTHPLACE (City and state or country) Bonne Terre, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME unknown Reese		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE John M. Delfosse		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 488-30-3295	
17. INFORMANT Reese V. Politte, Bonne Terre, Mo.		Address		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Diabetes mellitus, Severe.</i> <i>+ diabetic coma.</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Chronic nephrosclerosis</i>	
INTERVAL BETWEEN ONSET AND DEATH <i>10-12 yrs</i> <i>5 da.</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>1955</u> , to <u>1958</u> and last saw ^{her} alive on <u>1-7-58</u> Death occurred at <u>12:00 noon</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>L. J. Donley M.D.</i>		22b. ADDRESS <i>2739 N. Grand</i>	
22c. DATE SIGNED <i>1-9-58</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		23b. DATE <i>1/10/58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery</i>		23d. LOCATION (City, town, or county) <i>Jefferson Barracks Mo.</i>		(State)	
24. FUNERAL DIRECTOR <i>Drehmann-Harrai</i>		ADDRESS <i>1905 Union</i>		25. DATE RECD. BY LOCAL REG. <i>JAN 9 '58</i>	
26. REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>					

All diseases in Part I must be causally related.

Dr. Leo F. Donley
2739 N. Grand
Je. 3-8330

Hrs. Thurs. 12:30 - 5

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
Signature of Student Embalmer

Signed *Albert P. Thompson*

Licensed Embalmer No. *4237*

P. O. Address *H. Lewis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.