N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 27 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 20418

1. PLACE OF DEATH

County St. Louis — Registration District No. 1170 — File No.

Township Jefferson — Primary Registration District No. 62484 — Registered No. 186

City Richmond Hts. Mo St. Mary's hospital St. Ward)

2. FULL NAME James Dilg Jr.

(a) Residence, No. 3721 N Florissant, Mo. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
m	w	child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF --

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8, 1934

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
1	7	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER

13. NAME James C. Dilg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minnesota

MOTHER

15. MAIDEN NAME Viola Adams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

17. INFORMANT (ADDRESS) James C. Dilg 3721 N. Florissant

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE July 10, 1936

19. UNDERTAKER (ADDRESS) E. J. Schnur 3126 Lafayette

20. FILED 7/9, 1936 Gertrude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/8/1936, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:05 m. PM

The principal cause of death and related causes of importance were as follows: Date of onset

Child was in front seat of automobile with other children, brake was released in some manner, car rolled down street 100 feet and struck another parked car. Baby

Other contributory causes of importance:

thrown into wind-shield, this happened at 3992 Sarpy Ave. St. Louis, Mo. Child taken to St. Mary's hospital, where it expired. OVER

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? 7/9/36

If so, specify .....

(Signed) [signature], M. D.

(Address) 3718 Jennings Rd

Coroner St. Louis Co. Mo

Cause; Pulmonry congestion, caused by contusion of lower lobes bilateral. Concussion of brain with oedema. Rupture of Circle of Willis. Lacerations about forehead, nose and mouth, deep.

Secondary; Brain hemorrhage; external hemorrhage and shock.