

AUG 30 1937

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

Do not use this space.

28436

1. PLACE OF DEATH

County St. LouisRegistration District No. 1170Township JeffersonPrimary Registration District No. 6248-H.City Richmond Heights(No. St. Marys Hospital)

File No.

Registered No. 166

St. _____ Ward _____

2. FULL NAME Owen Dillon(a) Residence, No. 416 Columbia Place St. _____ Ward East St. Louis, Illinois
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27th, 18897. AGE YEARS 48 MONTHS 2 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Attorney

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) July 1st, 1937 11. Total time (years) spent in this occupation. 20 Years12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shimman, Illinois13. NAME Patrick Dillon14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Ann O'Neill16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pottsville, Pennsylvania17. INFORMANT Henry Dillon (ADDRESS) East St. Louis, Illinois18. BURIAL, CREMATION, OR REMOVAL PLACE Shimman, Ill. DATE July 31st, 19 3719. UNDERTAKER Nell Walsh Barnes (ADDRESS) East St. Louis, Illinois20. FILED July 29, 1937. Sam A. Bassett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28th, 19 37I HEREBY CERTIFY, That I attended deceased from July 20, 1937 to July 28, 1937
I last saw him alive on July 28, 1937 Death is said to have occurred on the date stated above, at 12:30 P.M.

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

Arteriosclerosis of Liver Date of onset 1 year
Edema of Brain 3 days

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes23. 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? No
If so, specify Paratyphella M. D.
(Signed) _____ (Address) 415 Beaumont Bldg

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.

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM FOR THE DIRECTOR

FROM: SAC, [illegible]

SUBJECT: [illegible]

NOV 19 1954

[illegible]