

No. 2
-10-39
17-39
X2422

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33883**
Registrar's No. **8580**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Enroute to Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **81 yrs.** (Specify whether years, months or days)

8. (a) PRINT FULL NAME **William Dilg**

8. (b) If veteran, name war **Nil** 8. (c) Social Security No. **Nil**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Winnie Dilg** 6. (c) Age of husband or wife if alive **Dead** years

7. Birth date of deceased **Feb. 11, 1859** (Month) (Day) (Year)

8. AGE: Years **81** Months **8** Days **5** If less than one day hr. min.

9. Birthplace **St. Louis, Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Retired Watchman**

11. Industry or business **Laclede Gas Light Co.**

12. Name **William Dilg**

18. Birthplace **Germany** (City, town, or county) (State or foreign country)

14. Maiden name **Katherine Unk.** (State or foreign country)

15. Birthplace **Germany** (City, town, or county) (State or foreign country)

18. (a) Informant **Ralph Suedmeyer**

(b) Address **3934 N. 20th St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **10/18/40** (Month) (Day) (Year)

(c) Place: burial or cremation **SS Peter & Paul**

18. (a) Signature of funeral director **J. E. Suedmeyer & Sons**

(b) Address **3934 N. 20th St.**

19. (a) **OCT 17 1940** (b) **J. E. Suedmeyer** (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **4047A. N. Broadway** (If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **16** year **1940** hour **11:20** minute **A** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Other conditions _____

(Include pregnancy within 3 months of death)

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)

Means of injury _____

23. Signature **Alfred Perry** (M. D. or other)

Address **3934 N. 20th St.** Date signed **10/17/40**

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

Frank A. Moore

Licensed Embalmer No.

3041

P. O. Address

2117 E. Highland

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, above space should be left blank.