

1221
S. No. 2
M-1-4-41
r. 5-17-39
X26390

FILED MAY 13 1941
Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis City Hospital #1** **0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 Days** (Specify whether years, months or days)
In this community **5 yrs.**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **000**
(c) City or town **St. Louis** **1122**
(If outside city or town limits, write "RURAL")
(d) Street No. **1207 Hickory** **9**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Ben Dill**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **25,**
year **1941** hour **9:50** minute **A.** M.

3. (b) If veteran, name war **nil**
3. (c) Social Security No. **nil**

21. I hereby certify that I attended the deceased from **April 21,** 19**41**, to **April 25,** 19**41**,
that I last saw **him** alive on **April 25,** 19**41**,
and that death occurred on the date and hour stated above.

4. Sex **female** 5. Color of race **White**
6. (a) Single, widowed, married, divorced **widowed**

Immediate cause of death **Malignant Lymphoma,**
Septic meningitis,
arteriosclerosis.
Duration _____

6. (b) Name of husband or wife **Unknown**
6. (c) Age of husband or wife if alive, years _____

Due to _____
Due to _____

7. Birth date of deceased: **June 27 1858**
(Month) (Day) (Year)

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE:			If less than one day	
Years	Months	Days	hr.	min.
82	9	29		

Major findings: **None**
Of operations _____
Of autopsy **As above**

9. Birthplace **Swind** **see 1**
(City, town, or county) (State or foreign country)

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? _____

10. Usual occupation **Retired Barber**

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name **Samuel** **12 70**

13. Birthplace **see 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Marshall Jewell**
(b) Address **4232 Laurus**

17. (a) **Burial** (b) Date thereof **4-30-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles**

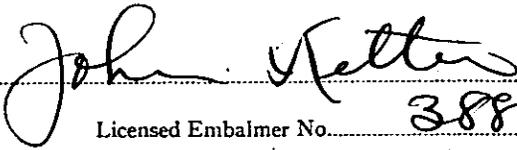
18. (a) Signature of funeral director **W. Miller**
(b) Address **4232 Laurus**

19. (a) **APR 28 1941** (b) **J. W. Bredech**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **James P. Murphy** **0**
Address **125 Lafayette Ave.** Date signed **4/25/41**

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: .....
Licensed Embalmer No. 3880.....

P. O. Address.....

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.