

Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **5141**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**  
(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:  
**2358a Tennessee Ave**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **0110**  
(c) City or town **St. Louis, 1217**  
(If outside city or town limit, write "RURAL")  
**2358a Tennessee Ave. 7**  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **21st**  
year **1941** hour **3** minute **P.** M.  
21. I hereby certify that I attended the deceased from  
**May 31**, 1941, to **June 20**, 1941;  
that I last saw her alive on **June 20**, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
**Myocardial Failure**

Due to **Chronic Myocarditis**

Due to **Hypertension**

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Christina Dillon**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **John Dillon** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **August 18, 1872**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **10** Days **3** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **None**

11. Industry or business \_\_\_\_\_

12. Name **Henry J. Holdenried**

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

14. Maiden name **Margaret Michel**

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

16. (a) Informant **Mrs. Vincent J. Waltermann**

(b) Address **6322 S. Grand Blvd.**

17. (a) **Burial** (b) Date thereof **6-25-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New S.S. Peter & Paul**

18. (a) Signature of funeral director **Southern Funeral Home**

(b) Address **6322 S. Grand Blvd.**

19. (a) **JUN 23 1941** (b) **J. A. Breder**  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury \_\_\_\_\_

23. Signature **Chas. O. Metz** (M. D. or other) \_\_\_\_\_  
Address **8102 So. Grand** Date signed **6/23/41**

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

0  
7  
9

Dr. Chas O. Metz  
3102 E. Grand  
La. 0313  
2-4 7-8

**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 Raymond Hoemann, Registered Apprentice No. 275 working under my personal supervision.

Signed Frank Ludwig  
Licensed Embalmer No. 2504  
P. O. Address St Louis

**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.**