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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1942

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 200

State File No. 18936

Registrar's No. 1228

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: PINECREST NURSING HOME 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Mo. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State MO (b) County 0

(c) City or town MANCHESTER 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARY CLARK

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife GEORGE

6. (c) Age of husband or wife if alive years

7. Birth date of deceased SEPT. 7 - 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	8	28	hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business HOME

FATHER
12. Name JOHN S. DILLON
13. Birthplace IRELAND 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ALICE DONNELLY
15. Birthplace IRELAND 4 (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Dwyer
(b) Address 2331 Mullanphy

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-5-42 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen + Kelly
(b) Address 1416 N. Taylor ave

19. (a) JUN 5 - 1942 (Date received local registrar) (b) C. G. McGarvan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd year 1942 hour 9 minute 45 p. M.

21. I hereby certify that I attended the deceased from February 23, 1942 to June 3rd, 1942 that I last saw her alive on June 3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to 93d

Due to

Other conditions Arterio-Sclerosis
(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.

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature R. H. Jansen (M. D. or other)

Address Manchester, Mo Date signed 6/4/42

(Licensed Embalmer's Statement on Reverse Side).

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 .....

Myself, Registered Apprentice No. .....,

working under my personal supervision.

Signed Glenn E. Henderson

Licensed Embalmer No. 4141

P. O. Address St. Louis Mo.

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.