

No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22718
Registrar's No. 6011

Registration District No. 791

Primary Registration District No. 1003

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: St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5883 Enright Ave
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Grace Woodward Dillon

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife Jesse L. Dillon 6. (c) Age of husband or wife if alive dec'd years
7. Birth date of deceased: December 22 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 23
If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business at home

12. Name Wm H. Woodward

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Maria Knight

15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Merker
(b) Address 7585 Parkdale

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

(c) Place: burial or cremation Bellefontaine
18. (a) Signature of funeral director A. Iron R. U. Co
(b) Address 2707 N. Grand Bly'd
19. (a) JUL 16 1942 (b) J. F. Budek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1942 hour 11 minute 25 p.m.

21. I hereby certify that I attended the deceased from July 15 - 1942
9:30 a.m. July 15 - 1942
that I last saw him alive on July 15 - 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Massive Cerebral Hemorrhage

Due to Hypertension

Due to Myocarditis - chronic hypertensive ch. interstitial

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 31

Of autopsy 101

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) 101
(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 0

23. Signature J. F. Budek (M. D. or other)
Address 737 University White Bldg Date signed 7/16/42

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

MOTHER FATHER

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 *Paul F. Kucenborg*
Licensed Embalmer No. *7681*
P. O. Address *2702 N. Grand*

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.