V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34759 /
State File No.

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 2234

96 0 0

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town Normandy.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6811 Easton Avenue. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 3 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County St. Louis, 96 0
(c) City or town Normandy, 0
(If outside city or town limits, write "RURAL")
(d) Street No. 6811 Easton Ave.,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PAUL JONES DILLEY.
3. (b) If veteran, name war none
3. (c) Social Security No. 564-14-3093
4. Sex Male.
5. Color or race White. /
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Anne Dilley.
6. (c) Age of husband or wife if alive 39. years
7. Birth date of deceased April (Month) 5, (Day) 1899. (Year)

8. AGE: Years	Months	Days	If less than one day
43.	6.	22.	hr. min.

9. Birthplace Leeds, (City, town, or county) S. Dakota. / (State or foreign country)
10. Usual occupation Trailer Salesman.
11. Industry or business
FATHER 12. Name J. T. Ganoung.
13. Birthplace Green, (City, town, or county) New York. / (State or foreign country)
MOTHER 14. Maiden name Jane Jones.
15. Birthplace (Unknown). (City, town, or county) Iowa. / (State or foreign country)
16. (a) Informant Mrs Anne Dilley.
(b) Address 6811 Easton Ave.,
17. (a) Cremation. (Burial, cremation, or removal) (b) Date thereof 10-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory
18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address #7233 Delmar Boulevard.
19. (a) OCT 27 1942 (Date received local registrar) (b) C. G. McGuire M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct., day 27th, year 1942., hour 4:10 minute A. M.
21. I hereby certify that I attended the deceased from 10-9-, 1942, to 10-27-, 1942; that I last saw him alive on 10-26-, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	1 hr.
Due to Myocarditis - Chronic -	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 E Evans (M. D. or other)
Address 1506 Hodiamont - Date signed 10/27/42

101 (Licensed Embalmer's Statement on Reverse Side)

Dr. E. E. Evans
1506 Hodiamont Ave.
GO-7775
1 - 3 P.M.

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 Clarence H. Murray

Licensed Embalmer No. 4011.

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.