S. No. 2
DM—2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22928

FILED JUL 17 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6162

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

1. PLACE OF DEATH:

(a) County St. Louis Missouri
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Desloge Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution month (Specify whether
In this community 74 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17
(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")
(d) Street No. 4542 Arnold Place
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Dillon

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 1 (Day) 1867 (Year)

8. AGE: Years 75 Months 9 Days 2 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Self

FATHER
12. Name James Dillon
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Mulhern
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Brennan
(b) Address 4542 Arnold Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Rome, Ill.

18. (a) Signature of funeral director Howard Funeral Home
(b) Address 4212 St. Louis Avenue

19. (a) JUL 7 1943 (Date received local registrar) (b) J. F. Budrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd.
year 1943 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from May 21st, 1943, to July 2nd, 1943; that I last saw her alive on July 2nd, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	17 days
Due to Intertrochanteric Fracture of Rt Femur	43 days
Due to	
Other conditions Generalized Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings: Of operations Reduction of fracture under twilight anesthesia
Of autopsy None.

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) Accident 000
(b) Date of occurrence May 20, 1943
(c) Where did injury occur? St. Louis (City or town) St. Louis City (County) Missouri (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)
While at work? No (e) Means of injury fall

23. Signature E. T. Dmytryk MD (M. D. or other)
Address 1325 S. Grand Ave. Date signed 7-4-43

(Licensed Embalmer's Statement on Reverse Side)

6162

6162

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.....Jos A. Howard

Licensed Embalmer No.....4139.

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.