

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

FILED AUG 7 1943 306

Registration District No.

Primary Registration District No. 6048

1. PLACE OF DEATH:
 (u) County S. Charles
 (b) City or town Wardens Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Precious Blood Conv.
(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 S. Charles
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. O'Fallon, Mo.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Theresa Dillmes
 3. (b) If veteran, name war no 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 3
 year 1943 hour _____ minute 3 P. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from July 1 1943 to July 3 1943
 that I last saw her alive on July 3 1943
 and that death occurred on the date and hour stated above.

7. Birth date of deceased February 5 1913
(Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
30 4 28 hr. _____ min.

Immediate cause of death:
Myocarditis 5 yrs.
Pulmonary edema 1 day
 Due to Arterio Sclerosis 10 yrs.

9. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
 10. Usual occupation Housekeeper

Other conditions (Include pregnancy within 3 months of death) 930
 Major findings Of operations _____
 Of autopsy _____

MOTHER FATHER
 11. Industry or business _____
 12. Name Anthony Dillmes
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Frances Spetman
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Rev. Dr. Regold
 (b) Address Cottleville, Mo.
 17. (a) Burial (b) Date thereof July 6 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation S. Peter's in S. Charles Mo.
 18. (a) Signature of funeral director N. C. Dillmes & Sons
 (b) Address 301 N. Second, S. Charles Mo.
 19. (a) July 7-43 (b) E. A. Keithley
(Date received local registrar) (Registrar's signature)

23. Signature Nicholas J. Houch MD (M. D. or _____)
 Address O'Fallon, Mo. Date signed 7/6/43

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 John B. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles 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.