V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 3 1944

Registration District No. 3144

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43665

Primary Registration District No. 6076

Registrar's No. 2942

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural-St. Ferdinand Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R.R. 1
(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 St. Louis 96

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

(d) Street No. St. Ferdinand Township 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lucinda Dillon

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White 1

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

6. (b) Name of husband or wife William Dillon

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

7. Birth date of deceased April 21, 1866 (Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Callaway County Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Moses Estes
13. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Belle Blankenship
15. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Dillon
(b) Address Rural - St. Ferdinand Township

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 28, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Riverview Cemetery Fulton, Mo.

18. (a) Signature of funeral director Hackmann - Barr
(b) Address 326 N 6th St St Charles Mo.

19. (a) DEC 29 1943 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25
year 1943 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from Dec 15th, 1943 to Dec 24, 1943
that I last saw her alive on Dec 24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration 2 days

Due to Influenza & Bronchial Asthma

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 33a

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 D. N. Hoyles (M. D. or other)
Address 200 N Main St Date signed 12/27/43

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(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.....

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

working under my personal supervision.

Signed Arthur C. Gane

Licensed Embalmer No. 3145

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.