

FILED FEB 1 1944

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
 (a) County \_\_\_\_\_  
 (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 \_\_\_\_\_  
(Specify whether  
 In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Louis  
 (c) City or town Maplewood  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 7917 Caroline Ave  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edward Charles Dillmann  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. No

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month January day 20th  
 year 1944 hour 10.05 minute A M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Malwina Dillmann 6. (c) Age of husband or wife if alive 67 years  
 7. Birth date of deceased July 7th 1874  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-21 1944, to 1-20 1944.  
 that I last saw him alive on 1-19 1944  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
69 6 23 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Congestive Heart Failure  
 Duration 2 wks.

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

Due to Coronary Heart Disease 3 yrs

10. Usual occupation Manufacturer Self

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business Avings  
 12. Name Unknown Dillmann  
 13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Juengst  
 15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Malwina Dillmann  
 (b) Address 7917 Caroline Ave  
 17. (a) Burial (b) Date thereof 1/22/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Valhalla Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Robert J. Ambruster  
 (b) Address 6633 Clayton Road  
 19. (a) JAN 22 1944 (b) J. F. Budeak  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature Geo. W. Steiner Jr. (M. D. or other)  
 Address 3720 Washington Ave Date signed 1/21/44

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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, *Edward H. Bockherol*  
Licensed Embalmer No. *2502*  
P. O. Address. *Clayton Ma*

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.