

No. 2  
1-5-43  
5-17-39  
I X3687

FILED MAR 27 1944 818

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 mo. - 10 days  
(Specify whether \_\_\_\_\_)

In this community 57-8-18  
(years, months or days)

3. (a) PRINT FULL NAME HENRY WILLIAM DILG

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July 3 1886  
(Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Foreman Park Dept.

11. Industry or business City of St. Louis

12. Name Wm. Dilg

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

14. Maiden name Mary Laifar

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

16. (a) Informant Lena Dilg

(b) Address 6134 Carlsbad

17. (a) burial (b) Date thereof 3-24-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S. S. Peter & Paul

18. (a) Signature of funeral director W. Schumacher

(b) Address 3013 Meramec

19. (a) MAR 22 1944 (b) J. J. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 6134 Carlsbad  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st  
year 1944 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov. 13th  
1944 to March 21st, 1944;  
that I last saw him alive on March 21st, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure

Due to Chronic Ht. Disease (Aortic Stenosis)

Due to Psychosis - Other Domestic Disease

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (Date signed) 3/25/44

Address 1515 Lafayette

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

MOTHER FATHER

---

---

**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 Francis A. Williamson

Licensed Embalmer No. 3565

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.**