

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

1682

FILED JUL 24 1944

Primary Registration District No. **3069**

Registrar's No. **1521**

1. PLACE OF DEATH:

(a) County **ST. LOUIS**

(b) City or town **RICHMOND HEIGHTS**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7483 ETHEL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **St. Louis** **96**

(c) City or town **RICHMOND HEIGHTS** **8**
(If outside city or town limits, write "RURAL")

(d) Street No. **7483 ETHEL AV.** **3**
(If rural, give location)

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

3. (a) PRINT FULL NAME **WILLIAM A. DILLON**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **NO**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **14** year **1944** hour **12** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **March 27** 19**44** to **July 14** 19**44**
that I last saw him **alive on July 13** 19**44**
and that death occurred on the date and hour stated above.

4. Sex **MALE**

5. Color or race **WHITE**

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

6. (b) Name of husband or wife **ROSE DILLON**

6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **JULY 8 1867**
(Month) (Day) (Year)

Immediate cause of death **Styptic poisoning**
Ch. Biphenter

Due to _____

8. AGE: Years **77** Months **0** Days **6**
If less than one day _____ hr. _____ min.

Due to _____

Other conditions (Include pregnancy within 3 months of death) **131 lb**

9. Birthplace **At Sea** **8 Atlantic Ocean**
(City, town, or county) (State or foreign country)

10. Usual occupation **NIL**

11. Industry or business _____

MOTHER FATHER {

12. Name **WILLIAM DILLON**

13. Birthplace **Unknown GERMANY** **4**
(City, town, or county) (State or foreign country)

14. Maiden name **AMELIA BOSS**

15. Birthplace **Unknown GERMANY** **4**
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs Rose Dillon** **1**

(b) Address **7483 Ethel Av.**

17. (a) **BURIAL** (Burial, cremation, or removal)

(b) Date thereof **JULY 17-44**
(Month) (Day) (Year)

(c) Place: burial or cremation **SUNSET BURIAL PARK**

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 **E. J. Schuur**

(b) Address **3125 Lafayette Av.**

19. (a) **JUL 18 1944** (Date received local registrar)

(b) **E. G. McLawrence, M.D.** (Registrar's signature) **73**

While at work? _____ (Specify type of place)

Means of injury **Styptic Poisoning**

23. Signature **Styptic Poisoning** (M. D. or other)

Address **1446 S. Grand** Date signed **7/15/44**

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 *Joseph Vollmer*
Licensed Embalmer No. *4014*
P. O. Address *Hausman*

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.