

FILED FEB 13 1945
 Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 2876

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Pine Crest Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 yrs 10 mo 20 day
(Specify whether)
 In this community Yes
years, months or days

3. (a) PRINT FULL NAME Catherine Dilke

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced? 9
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 30 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name Frances Mathen
 13. Birthplace Bardtown, Ken.
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Newcomb
 15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Pine Crest Homes
 (b) Address Ballwin, Mo.

17. (a) Funeral (b) Date thereof 1-24-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Louis Robapp Inc
 (b) Address St Louis Mo

19. (a) JAN 25 1945 (b) E. J. McLawsant
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
 (c) City or town Manchester
(If outside city or town limits, write "RURAL")
 (d) Street No. Rural (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22
 year 1945 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 2nd 1943 to Jan 22, 1945
 that I last saw her alive on Jan 21 at _____, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to _____

Due to _____

Other conditions Chr. Myocarditis
Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 930

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 R. W. Jansen (M. D. certified)
 Address Manchester Mo Date signed 1/23/45

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

APR 30 1945

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.....

Van M. Simon

Licensed Embalmer No. *4343*

P. O. Address *7415 Zephyr Pl., Mo
Hempstead, 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.