S. No. 2
DM—5-43
v. 5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35188

State File No.

FILED NOV 29 1945

Registration District No. Primary Registration District No. 1003 Registrar's No. 10059

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:
De Paul Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ? (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4841 Margaretta Ave.
(If rural, give location)

(e) Citizen of foreign country? No 2 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna M. Dill

3. (b) If veteran, name war No

3. (c) Social Security No. 492-22-7818

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased August 10, 1890.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	3	10	hr. min.

9. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Stenographer

11. Industry or business Century Electric Co.

FATHER
12. Name Jacob Dill
13. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Pauline Kuesel
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant William N. Dill
(b) Address 4841 Margaretta Ave.

17. (a) Burial (b) Date thereof Nov. 23, 1945.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.

19. (a) NOV 21 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

NOV 21 1945

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29th
year 1945 hour 3:00 minute 45 A. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebral Apoplexy
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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

23. Signature (M. D. or other)
Address Date signed 11/29/45

(Licensed Embalmer's Statement on Reverse Side)

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

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 John A. Mlinar

Licensed Embalmer No. 4186

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.