#55892

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11059

FILED APR 12 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3058

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community 4 years
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. #3205a Greer Ave.
Memorial
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOHN J. DILLON

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Ellen Dillon

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March (Month) 24 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	0	5	hr. min.

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

10. Usual occupation Supt.

11. Industry or business City of St. Louis

FATHER
12. Name John Dillon
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ellen Mehan
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Ellen Dillon
(b) Address 3205a Greer Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-2-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Ave.

19. (a) APR 1 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th year 1946 hour 9:00 minute P M.

21. I hereby certify that I attended the deceased from 3/28/46, 19 to 3/29/46, 19 ; that I last saw him alive on 3/29/46, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac decompensation	6 wks
Due to: Hypertensive - Arteriosclerotic Ht. Disease	?
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 George J. Parker 3/30/46 (M.D. or other)

Address Parker Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.