. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 22 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25172

Registration District No. 318 Primary Registration District No. Registrar's No. 6059

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: 2426 LEMP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1003
(a) State MISSOURI (b) County
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2426 LEMP AVE REAR
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ARTHUR DILDINE
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 MAY DILDINE
6. (c) Age of husband or wife if alive years
7. Birth date of deceased NOV. 5. 1886
(Month) (Day) (Year)

8. AGE: Years 59. Months 8 Days 3 If less than one day hr. min.
9. Birthplace MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business MIDWEST PIPE CO
FATHER
12. Name FRANCIS DILDINE
13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name ELLA SCOTT
15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)
16. (a) Informant ALMA GALLUP
(b) Address 2424 LEMP
17. (a) Motor (Burial, cremation, or removal) (b) Date thereof 7-11-46 (Month) (Day) (Year)
(c) Place: burial or cremation Grandview, Mo
18. (a) Signature of funeral director Thos Kutis & Son
(b) Address 2906 GRAVOIS AVE
19. (a) JUL 9 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 8
year 1946 hour / minute 30 P. 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 Coronary Occlusion
Due to Acute Parenchymatous
Due to Nephritis
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

94

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 Patrick E. Taylor (M. D. or other)
Address Deputy Coroner Date signed 7/9/46

(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 Howard Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Geneva

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.