

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED OCT 16 1946 STANDARD CERTIFICATE OF DEATH

34664

State File No. _____

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 2086

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:
St. Mary's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4618 Maryland Ave.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Laura Dillon
 3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Paul Dillon
 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased May 4 1876
 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>50</u>	<u>1</u>	hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
 12. Name Samuel Coale
 13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
 14. Maiden name Elizabeth Holderly
 15. Birthplace Huntington (City, town, or county) West Virginia (State or foreign country)

16. (a) Informant Mr. Paul Dillon,
 (b) Address 4618 Maryland Ave.

17. (a) Burial (b) Date thereof 10-7-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
 (b) Address 3320 N. Kingshighway Blvd.

19. 10-8-46 (Date received local registrar) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5
 year 1946 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from
Oct. 4 1946 to Oct 5 1946
 that I last saw her alive on Oct 4 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death
Primary Carcinoma of Breast
with Metastases to Lung and Liver

Duration
3 years.

Due to 50

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]
 Address 1325 S. Grand Date signed 10/5/46

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

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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

Fred Frick

Licensed Embalmer No.....3186.....

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.