FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED: MAY 29 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18755
5027

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No.

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: Enroute City Hospital 3 (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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 19 3824 Westminster (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Renick John Dillon
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: Male 0
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: Jan. ~~March~~ 24 ~~30~~ 1894 ~~1902~~ (Month) (Day) (Year)
8. AGE: Years 53 ~~58~~ Months 3 ~~1~~ Days ~~2~~ 22 If less than one day hr. min.
9. Birthplace: St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Glazer
Industry or business
11. Name: John Dillon
12. Birthplace: St. Louis (City, town, or county) Missouri 0 (State or foreign country)
13. Maiden name: Lizy Stadler
14. Birthplace: St. Louis (City, town, or county) Missouri 0 (State or foreign country)
15. Informant: Helen Clara Hagan
(b) Address: 8510 Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation: National Cemetery
18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Blvd.
19. (a) MAY 19 1947 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th year 1947 hour 10:30 minute P. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw him alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Gunshot wound of Heart: inflicted with gun in the hands of One Mary Cella in the home at 3824 Westminster, around 10:30 P.M. May 16, 1947.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Justifiable Homicide
(b) Date of occurrence: May 16, 1947
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home (Specify type of place)
While at work?
(e) Means of injury
23. Signature: Frank E. Chapman (Coroner or other)
Address: City Morgue Date signed 5/19/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

Wounds all over 8-1-4 Hatchet Wounds

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

P. O. Address _____

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
City of St. Louis

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 5027

On this 13th day of June, 1947, before me appears Mr. Larry Meyer, who, upon his oath, states that the original record of ~~birth~~ death for Renick John Dillon, ~~born~~ died May 16th, 1947, in the State of Missouri, and which was filed at St. Louis, Mo. on May 19th, 1947, should be corrected as follows:

Item No. 7 should read January 24, 1894
Instead of March 20, 1892

Item No. 8 should read 53yrs.3mos.22days
Instead of 55yrs.1mo.26days

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Larry Meyer Friend
Relationship
4700 Washington Blvd
Present Address.

Subscribed and sworn to before me this 13 day of June, 1947.

My Commission expires 3-4-49. Ella C. Peddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
1M-5-43
X36929

5-18755