

FILED DEC 31 1947 **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: CITY HOSPITAL  
(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:

(a) State Mo. (b) County St. Louis  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3205 A GREER AV.  
10 (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ALICE DILLON  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20  
year 1947 hour \_\_\_\_\_ minute 45 PM.  
21. I hereby certify that I attended the deceased from 9-11-  
1946 to 12-6-  
1947

4. Sex FEMALE 5. Color or race W. 6. (a) Single, widowed, married, divorced W. 2  
6. (b) Name of husband or wife JOHN J. DILLON 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased DECEMBER 31-1896  
(Month) (Day) (Year)

that I last saw her alive on 12-6-  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Due to Arterio Sclerosis

8. AGE: Years 70 Months 11 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace ST. LOUIS Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE-KEEPER OWN.

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name CULLEN  
13. Birthplace IRELAND  
(City, town, or county) (State or foreign country)  
14. Maiden name ELEAN O'KEEFE  
15. Birthplace IRELAND  
(City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant Mrs. Nellie King

(b) Address 3205 A Greer St. Av.

17. (a) BURIAL (b) Date thereof Dec 22, 47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schurer

(b) Address 3125 Lafayette Ave.

19. (a) DEC 22 1947 (b) J. Z. Bradley  
(Data received local registrar) (Registrar's signature)

Signature Albert Kaplan (M. D. or other)  
Address 607 N. Grand Date signed 12-22-47

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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 Joseph Vallmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette St 4

**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.**