

FEDERAL BUREAU OF INVESTIGATION
 NATIONAL OFFICE OF VITAL STATISTICS
MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

21673
 State File No. _____
 Registrar's No. 1447

FILED JUL 6 1948 / 7
 Registration District No. _____

Primary Registration District No. 6076

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Normandy
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1318 Haley Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO. (b) County St. Louis
 (c) City or town Normandy
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1318 Haley Ave.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3: (a) PRINT FULL NAME Mae Louise Dillingham
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex F. 5. Color or race W.
 6. (a) Single, widowed, married, divorced M.
 6. (b) Name of husband or wife Orveal Dillingham
 6. (c) Age of husband or wife if alive 53 years
 7. Birth date of deceased Sept. 23rd., 1900
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 8 14 hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown Gross
 13. Birthplace Mo.
 (City, town, or county) (State or foreign country)

{ 14. Maiden name UNKNOWN
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Orveal Dillingham
 (b) Address 1318 Haley Ave.,

17. (a) Removal (b) Date thereof 6-9-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oney, Missouri

18. (a) Signature of funeral director Arthur J. Donnelly
 (b) Address 3840 Lindell Blvd

19. (a) 6-10-47 (b) Carl A. [Signature]
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 7th.,
 year 1948 hour 7 minute 25 P.M.
 21. I hereby certify that I attended the deceased from Feb 7
1948 to June 7 1948
 that I last saw him alive on May 22 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver
 Duration _____

Due to 1246
 Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
 Of operations _____
 Of autopsy _____
 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)
 (c) Means of injury _____
 23. Signature Robert J. Farrell (M. D. or dentist)
 Address 624 1/2 Union Date signed 6/8/48

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

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.