

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:
3418 Ohio Ave.
(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)

3. (a) PRINT FULL NAME **SUSAN I. DILLON**

3. (b) If veteran, name war **None** 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 25 1876**
(Month) (Day) (Year)

8. AGE: Years **72** Months **0** Days **9** If less than one day hr. _____ min. _____

9. Birthplace **Defiance Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Bookkeeper (Retired)**

11. Industry or business _____

12. Name **James L. Dillon**

13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna McCoy**

15. Birthplace **New York**
(City, town, or county) (State or foreign country)

16. (a) Informant **James L. Dillon**

(b) Address **4958 Tholozan**

17. (a) **Burial** (b) Date thereof **8-7-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Kriegshauser Und. Co.**

(b) Address **4228 So. Kingshighway Bl**

19. (a) **AUG 5 - 1948** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

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. **3418 Ohio Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **4** year **1948** hour **4:35** minute _____ P. M.

21. I hereby certify that I attended the deceased from **May 1936** to **Aug. 4 1948**
that I last saw her alive on **Aug. 4 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **5 hours**

Due to **Malignant Hypertension** 12 years

Due to **Chronic Myocarditis** 12 years
Arterio Sclerosis

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 **Francis H. Weinel** (M. D. or other) **M.D.**

Address **5203 Chippewa St.** Date signed **8-5-48**

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.