

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38651**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10317**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Osage</b>	
c. LENGTH OF STAY (In this place) <b>1</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rich Fountain</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firmin Desloge Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>h.p.</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Cecelia</b>	b. (Middle)	c. (Last) <b>Dill</b>	<b>Nov. 28, 1949</b>		

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 13, 1909</b>	9. AGE (In years last birthday) <b>40</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS, OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Rich Fountain, Mo. (D)</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Henry Luecke</b>	13b. MOTHER'S MAIDEN NAME <b>Barbara Mengwesser</b>	14. NAME OF HUSBAND OR WIFE <b>Henry Dill</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Henry Dill, Rich Fountain, Mo.</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 Mo?</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Esophagus</b>	ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b)		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <b>11/18/49</b>	19b. MAJOR FINDINGS OF OPERATION <b>Confirmed above</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Hb</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <b>150X</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **11/16, 1949**, to **11/28, 1949**, that I last saw the deceased alive on **11/28, 1949**, and that death occurred at **9:00 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>James L. Maddox M.D.</b>	(Degree or title)	23b. ADDRESS <b>634 N Grand St Louis 3 Mo</b>	23c. DATE SIGNED <b>11/29/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11-29-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Immaculate Conception</b>	24d. LOCATION (City, town, or county) (State) <b>Rich Fountain, Mo.</b>
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DATE REC'D BY LOCAL REG <b>NOV 30 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Rasater</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>	ADDRESS <b>4700 Washington Blvd.</b>
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WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed J. Wm. Dumbley

Licensed Embalmer No. 3653

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.