

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10020
2595

State File No.
Registrar's No.

FILED MAR 29 1951

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>2139</u>	
c. LENGTH OF STAY (In this place) <u>17-YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>5400 Arsenal St.</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis State Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Margaret</u>	b. (Middle) <u>C</u>	c. (Last) <u>Dillon</u>	<u>Mar. 18, 1951</u>		

5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S. 1)</u>	8. DATE OF BIRTH <u>1881 - abt. 70</u>	9. AGE (In years last birthday)	10. UNDER 1 YEAR	11. UNDER 1 MONTH	12. UNDER 1 HOUR	13. UNDER 1 MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Owen Dillon</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine McTighe</u>	14. NAME OF HUSBAND OR WIFE
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Ethel M. Ensor, 4475 W. Pine B lve.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>3 yrs. x.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Myocardial depression psychosis</u>	
		DUE TO (c) <u>Circumstances of uterine</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>174X</u>
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22. I hereby certify that I attended the deceased from Jan. 1, 1951, to Mar. 18, 1951, that I last saw the deceased alive on Mar. 18, 1951, and that death occurred at 8:35pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Arthur J. Powell M.D.</u>	23b. ADDRESS <u>5400 Arsenal St.</u>	23c. DATE SIGNED <u>3/19/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 21, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>MAR 20 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. Foster</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur J. Powell 3840 Lindell Blvd.</u>
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

W.H. VanMatre

Signed.....
Student Embalmer

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.