

No. 300
10.48
FILED APR 12 1951

STANDARD CERTIFICATE OF DEATH

State File No. 11073

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 909	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Lemay 23		c. LENGTH OF STAY (In this place)		c. CITY: (If outside corporate limits, write RURAL and give township) Lemay 23		4850	
d. FULL NAME OF HOSPITAL OR INSTITUTION 339 Ringer Road				d. STREET ADDRESS (If rural, give location) 339 Ringer Road			
3. NAME OF DECEASED (Type or Print) Margaret		a. (First)		b. (Middle) Dillon		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) April 6, 1951		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	
8. DATE OF BIRTH Nov. 6, 1873		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) St. Louis County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Robert Patterson		13b. MOTHER'S MAIDEN NAME Mary Coleman		14. NAME OF HUSBAND OR WIFE Wm. J. Dillon			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Herb Faust, Lemay 23, Mo.			
18. CAUSE OF DEATH Enter one or more per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic peripheral. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 yr +	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.0				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
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?			
22. I hereby certify that I attended the deceased from 5-4-48 , 19____, to 4-5-51 , 19____, that I last saw the deceased alive on 4-1-51 , 19____, and that death occurred at 6:30 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE Raymond M. ...				23b. ADDRESS 5203 Cherokee		23c. DATE SIGNED 4-6-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4-9-51		24c. NAME OF CEMETERY OR CREMATORY Assumption Cemetery		24d. LOCATION (City, town, or county) (State) Matteese, Mo.	
DATE REC'D BY LOCAL REG. 4/7/51		REGISTRAR'S SIGNATURE Herbert P. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler Und. Co., 7420 Michigan Ave.			

(Licensed Embalmer's Statement on Reverse Side)

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

Raymond J. Martini

Brownman & Chipman
5203 Chipman

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 _____

Geo Dieterle

Signed
Student Embalmer

Licensed Embalmer No. 4329

P. O. Address S. Jan 2nd

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.