

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36111

State File No. ....

9339

NOV 12 1952

|   |                               |  |                                     |   |  |  |                                |
|---|-------------------------------|--|-------------------------------------|---|--|--|--------------------------------|
| BIRTH NO. ....  |                               | REG. DIST. NO. <b>318</b>  |                                     | PRIMARY REG. DIST. NO. <b>1003</b>  |  | Registrar's No. ....   |                                |
| 1. PLACE OF DEATH<br>a. COUNTY  |                               |  |                                     | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Illinois</b> b. COUNTY |  |  |                                |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>ST. LOUIS</b>   |                               | c. LENGTH OF STAY (In this place)  |                                     | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Belleville</b>                        |  | 8120<br>8  |                                |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>BARNES HOSPITAL</b>   |                               |  |                                     | d. STREET ADDRESS (If rural, give location)<br><b>416 South 10th street</b>   |  |  |                                |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>GEORGE</b>  |                               | b. (Middle) <b>WILLIAM</b>   |                                     | c. (Last) <b>DILL</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>10 7 52</b>  |                                |
| 5. SEX <b>male</b>  | 6. COLOR OR RACE <b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>single</b>  | 8. DATE OF BIRTH<br><b>9-6-1907</b> |   | 9. AGE (In years last birthday) <b>45</b>                                | IF UNDER 1 YEAR<br>Months  | IF UNDER 24 HRS.<br>Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>book keeper</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY  |                                     | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Belleville, Ill.</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |                                |
| 13a. FATHER'S NAME<br><b>William Dill Sr.</b>   |                               | 13b. MOTHER'S MAIDEN NAME<br><b>Gertrude Hahn</b>  |                                     | 14. NAME OF HUSBAND OR WIFE<br><b>single</b>  |  |  |                                |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>   |                               | 16. SOCIAL SECURITY NO. <b>328-03-3953</b>   |                                     | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>William Dill, Belleville, Illino</b>  |  |  |                                |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMATOSIS;</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>ADENOCARCINOMA OF CECUM</b><br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>BILATERAL PLEURAL EFFUSION;</b> |                                     |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>4 MONTHS</b><br><br><b>9 YEARS;</b><br><br><b>4 MONTHS;</b> |                                |
| 19a. DATE OF OPERATION<br><b>9/13/52</b>  |                               | 19b. MAJOR FINDINGS OF OPERATION<br><b>EXPLORATORY LAPAROTOMY</b>  |                                     |   |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input 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?<br><b>153x</b>   |  |  |                                |
| 22. I hereby certify that I attended the deceased from <b>8-11</b> , 19 <b>52</b> , to <b>10-7</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>10-7</b> , 19 <b>52</b> , and that death occurred at <b>2:45 P. M.</b> , from the causes and on the date stated above. |                               |  |                                     |   |  |  |                                |
| 23a. SIGNATURE (Degree or title)<br><b>Peter Paul Revell M.D.</b>   |                               |  |                                     | 23b. ADDRESS<br><b>BARNES HOSPITAL</b>  |  | 23c. DATE SIGNED   |                                |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>removal</b>   |                               | 24b. DATE<br><b>10-8-52</b>  | 24c. NAME OF CEMETERY OR CREMATORY  |   | 24d. LOCATION (City, town, or county) (State)<br><b>Belleville, Ill.</b> |  |                                |
| DATE REC'D BY LOCAL REG.<br><b>OCT 9 1952</b>   |                               | REGISTRAR'S SIGNATURE<br><b>J. Carl Smith M.D.</b>   |                                     | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Gaerdner F.H., Belleville, Ill.</b>  |  |  |                                |

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 M. W. Rueter

Licensed Embalmer No. 4865

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.