

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3021**
Registrar's No. **0943**

FILED FEB 11 1953

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

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 1 1/2 days		d. STREET ADDRESS (If rural, give location) 5351 Delmar	
d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Ruthie b. (Middle) Le. c. (Last) Dilts			4. DATE OF DEATH (Month) (Day) (Year) 1-25-53		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-7-1876	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 7 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) New London, Missouri	
				12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME George Wilson		13b. MOTHER'S MAIDEN NAME Elizabeth White		14. NAME OF HUSBAND OR WIFE William H. Dilts	
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 William H. Dilts Supt. ADDRESS Masonic Home of Missouri, 5351 Delmar	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 Dys 6 Mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Bronchitis 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 _____	19b. MAJOR FINDINGS OF OPERATION _____		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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 5021	

22. I hereby certify that I attended the deceased from **11-18-**, 19 **51** to **1-25-**, 19 **53**, that I last saw the deceased alive on **1-25-**, 1953, and that death occurred at **5.10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Robert H. Smith (Degree or title) _____		23b. ADDRESS 508 N. Grand		23c. DATE SIGNED 1-26-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-28-1953	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery,	24d. LOCATION (City, town, or county) (State) Normandy, Mo.	

DATE REC'D BY LOCAL REG. JAN 27 1953	REGISTRAR'S SIGNATURE Robert H. Smith	25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son Inc. ADDRESS 2161 E. Fair Ave.
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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 *Clement M. Neary*

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.