

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30616**

FILED AUG 25 1953

BIRTH NO.

REG. DIST. NO. **317**PRIMARY REG. DIST. NO. **546**Registrar's No. **2758**

1. PLACE OF DEATH a. COUNTY St. Louis		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 OR TOWN Overland)		c. LENGTH OF STAY (In this place) Months	c. CITY OR TOWN St. Louis
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 9425 Midland Avenue		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 339 N. Taylor		2099	
3. NAME OF DECEASED (Type or Print) LILLIAN DILLMONT		4. DATE OF DEATH (Month) (Day) (Year) Aug 5 1953	
a. (First)	b. (Middle)	c. (Last)	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Feb. 21, 1872
9. AGE (In years last birthday) 81		10. MONTHS 5	11. YEAR 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY Housewife	
11. BIRTHPLACE (City and State or Foreign Country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry J. Messing		13b. MOTHER'S MAIDEN NAME Jennie May	
14. NAME OF HUSBAND OR WIFE Divorced		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. no		17. INFORMANT'S SIGNATURE OR NAME Mr. Roswell Messing	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		18. ADDRESS 4440 Lindell	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH 7 da	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Arterio-sclerotic Hypertensive Cardiovascular Disease	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443 X	
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) (Minute)		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 1 Aug , 19 53 , to 5 Aug , 19 53 , that I last saw the deceased alive on 3 Aug , 19 53 , and that death occurred at 11 P m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Eugene W. Hall, MD		23b. ADDRESS 2580710155th Rd.	
23c. DATE SIGNED 6 Aug 53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 8/7/53		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Herman Rindskopf, Inc.	
DATE REC'D BY LOCAL REG. 8-6-53		ADDRESS 5216 Delmar Blvd.	

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.....
Signature of Student Embalmer

Signed *John P. Subrocullo*
Licensed Embalmer No. *369*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.