

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35306

State File No.

9634

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY OR TOWN St Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St Louis		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5549 Pershing				e. STREET ADDRESS (If rural, give location) 12 5549 Pershing 21290			
3. NAME OF DECEASED (Type or Print) a. (First) Rose b. (Middle) c. (Last) Dillon			4. DATE OF DEATH (Month) (Day) (Year) Oct. 21 1954				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH June 5 1871	
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Michael Clements		13b. MOTHER'S MAIDEN NAME Agnes Pritchler		14. NAME OF HUSBAND OR WIFE William A Dillon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rose Quinn 5549 Pershing			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		II. OTHER SIGNIFICANT CONDITIONS					6 days
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c)					3 years
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201			
22. I hereby certify that I attended the deceased from April 19, 1951, to Oct. 22, 1954 , that I last saw the deceased alive on Oct. 21, 1954 , and that death occurred at 4:30P m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS St. Louis, Mo.		23c. DATE SIGNED 10/22/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct 25 54		24c. NAME OF CEMETERY OR CREMATORY Sun Set Burial Park		24d. LOCATION (City, town, or county) (State) St Louis Cty Mo	
DATE REC'D BY LOCAL REG. OCT 25 1954		REGISTRAR'S SIGNATURE J. Earl Smith		25. FUNERAL DIRECTOR'S NAME AND ADDRESS E. J. Schnur 3125 Lafayette			

(Licensed Embalmer's Statement on Reverse Side)

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 *Thomas R. Benwick*.....

Licensed Embalmer No. *379*.....

P. O. Address *3125 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.