

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

10790

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10790			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY 2119	
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3019 N. Grand Blvd				e. STREET ADDRESS (If rural, give location) 3911 St. Ferdinand Ave.,					
3. NAME OF DECEASED (Type or Print) a. (First) Martin			b. (Middle) Andrew		c. (Last) Dillmon		4. DATE OF DEATH (Month) (Day) (Year) Nov. 24th, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 19th, 1889		9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months _____	IF UNDER 2 WKS. Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Managing Editor			10b. KIND OF BUSINESS OR INDUSTRY Union Advocate		11. BIRTHPLACE (City and State or Foreign Country) Bloomington, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Martin A. Dillmon			13b. MOTHER'S MAIDEN NAME Mary Johnson		14. NAME OF HUSBAND OR WIFE Bessie Dillmon				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Bessie Dillmon 3911 St. Ferdinand Av. ADDRESS				
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) <i>Coronary Occlusion - Sudden</i>							
		ANTECEDENT CAUSES		DUE TO (b) <i>Arterial Sclerosis</i>					
				DUE TO (c) <i>+ Hypertension</i>				4 yrs.	
		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION No		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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? 4201					
22. I hereby certify that I attended the deceased from <i>Jan. 1950</i> , to <i>11/24, 1954</i> , that I last saw the deceased alive on <i>8, 1954</i> , and that death occurred at <i>3:01 p. m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>A. D. Piche M.D.</i>				23b. ADDRESS <i>2355 N. Boulevard</i>				23c. DATE SIGNED <i>11-26-54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 29/54		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) St. Louis Co., Mo.,		(State) _____	
DATE REC'D BY LOCAL REG. Nov 26 1954		REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>Leidner Und.</i>		ADDRESS 2223 St. Louis Ave.,		

(Licensed Embalmer's Statement on Reverse Side)

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

FILED DEC 16 1954

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.....
Licensed Embalmer No. 7950

P. O. Address.....

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.