

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28528**
Registrar's No. **1896**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1896**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Wallston		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis Normandy	
c. LENGTH OF STAY (In this place) 4 yrs. 4 mos.		d. STREET ADDRESS (If rural, give location) Villa St. Louise	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent's Hospital			
3. NAME OF DECEASED a. (First) Catherine (Type or Print) Agatha		b. (Middle) Marie (Sister)	
c. (Last) Dillon		4. DATE OF DEATH (Month) (Day) (Year) Aug. 12, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Jan. 11, 1867
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religious	11. BIRTHPLACE (State or foreign country) Indianapolis, Indiana
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Daughter of Charity	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Daniel Dillon		13b. MOTHER'S MAIDEN NAME Johanna McCarthy	
14. NAME OF HUSBAND OR WIFE None		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. none		17. INFORMANT'S SIGNATURE OR NAME Records of St. Vincent's Hospital	

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 Years
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ^(a) Arteriosclerotic Heart Disease		ANTECEDENT CAUSES		Years
DUE TO (b) Generalized Arteriosclerosis		DUE TO (c)		Years
DUE TO (b) Osteoarthritis		II. OTHER SIGNIFICANT CONDITIONS ^(c) Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis		4200 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)		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 **3-29-**, 19 **51**, to **8-12-55**, 19 **55**, that I last saw the deceased alive on **8-12-**, 19 **55**, and that death occurred at **10:40P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **J. K. Bauert** (Degree or title) 23b. ADDRESS **7301 St. Charles Rock Rd.** 23c. DATE SIGNED **8/12/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **8/15/55** 24c. NAME OF CEMETERY OR CREMATORY **Marillac Cemetery** 24d. LOCATION (City, town, or county) (State) **Normandy Mo.**

DATE REC'D BY LOCAL REG. **8/15/55** REGISTRAR'S SIGNATURE **Richard A. Tompkins** FUNERAL DIRECTOR'S SIGNATURE **William J. Kelly** ADDRESS **7267 Natural Bridge**

(Licensed Embalmers' Report 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

James A. Lammer

Signed.....
Student Embalmer

Licensed Embalmer No. *4142*

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.