

FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35437**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9581**

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** c. LENGTH OF STAY (in this place) _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST LOUIS**

d. FULL NAME OF HOSPITAL OR INSTITUTION: **DEPAUL HOSPITAL** g. STREET ADDRESS **5172 PAGE** (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) **ELISABETH** b. (Middle) **M** c. (Last) **DILLON** 4. DATE OF DEATH (Month) (Day) (Year) **10 18 56**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **7-18-1916** 9. AGE (In years) (Month) (Day) (Hours) (Min.) **40**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWORK** 10b. KIND OF BUSINESS OR INDUSTRY **AT HOME** 11. BIRTHPLACE (State or foreign country) **E. PRUSSIA (NOW POLAND)** 12. CITIZEN OF WHAT COUNTRY? **E. PRUSSIA**

13. FATHER'S NAME **GUSTAV BOLDUAN** 13b. MOTHER'S MAIDEN NAME **MARGARETE NEMITZ** 14. NAME OF HUSBAND OR WIFE **BOB 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 # **498-38-7499** 17. INFORMANT'S SIGNATURE OR NAME **BOB DILLON** ADDRESS **5172 PAGE**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Lympho. Sarcoma**

ANTECEDENT CAUSES **Carcinoma in mediastinum**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **Due to (b) Cancer in Mediastinum**

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **3 months**

19a. DATE OF OPERATION **7/25/56** 19b. MAJOR FINDINGS OF OPERATION **Lympho. Sarcoma** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **7/24**, 19**56**, to **10/18**, 19**56**, that I last saw the deceased alive on **10/18**, 19**56**, and that death occurred at **9P.** m., from the causes and on the date stated above.

23a. SIGNATURE **Geo. A. Carroll** (Degree or title) **M.D.** 23b. ADDRESS **607 N. Grand** 23c. DATE SIGNED **10/19/56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **10-27-56** 24c. NAME OF CEMETERY OR CREMATORY **MOUNT LEBANON CEMETERY** 24d. LOCATION (City, town, or county) (State) **PATTONVILLE MO**

DATE REC'D BY LOCAL REG. **OCT 22 1956** REGISTRAR'S SIGNATURE **Earl H. HORTON** 25. FUNERAL DIRECTOR'S SIGNATURE **EARL H. HORTON** ADDRESS **OVERLAND PARK, MO**

mrs. (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

Student Embalmer

Signed

Earl J. Helmer

Licensed Embalmer No.

3501

P. O. Address

Oakland 14 MD

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.