

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007138
STATE FILE NUMBER
2078
Registrar's No.

FILED MAR 5 - 1958

Registration District No. **318** Primary Registration District No. **1003**

300

-57

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, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1.		d. STREET ADDRESS 3525 Iowa Ave.	
Length of stay in lb		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
25		2249	
3. NAME OF DECEASED (Type or print) First GEORGE Middle WASHINGTON Last DILLMAN			4. DATE OF DEATH Month 2 Day 20 Year 58
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 10, 1893
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stove moulder	11. BIRTHPLACE (City and state or country) Illinois
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Charter Oak Stoves Co.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Dillman		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE
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. 494-10-7416	17. INFORMANT Lawrence Doulby Address 6915 Bruno Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) bronchopneumonia			INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			491x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) cirrhosis of the liver			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1/2/58 to 2/20/58 and last saw her alive on 2/20/58 Death occurred at 5:05 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Leroy P. Artweyer M.D. (Degree or title)	
22b. ADDRESS 1515 LAFAYETTE AVE.		22c. DATE SIGNED 2/20/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-22-58	
23c. NAME OF CEMETERY OR CREMATORY Caseyville Cemetery		23d. LOCATION (City, town, or county) (State) Caseyville, Illinois	
24. FUNERAL DIRECTOR Thomas Kutis ADDRESS 2906 Gravois Ave.		25. DATE RECD. BY LOCAL REG. FEB 21 58	
26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. m J.B.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Leo J. Budd*

Licensed Embalmer No. *3989*

P. O. Address *J. 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.