

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-008129**

**FILED VS FEB 25 1960**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2-1167** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		Length of stay in 1b <b>5 WKS</b>		c. CITY OR TOWN <b>WELLSTON</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOHNS HOSPITAL</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>6229 PLYMOUTH</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>CLEVELAND</b> Middle <b>L</b> Last <b>DILLOW</b>				4. DATE OF DEATH Month <b>JAN</b> - Day <b>31</b> - Year <b>1960</b>				
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>JAN-27-1895-75</b>	9. AGE (last birthday) <b>75</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>OPERATOR</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>PUBLIC SERVICE</b>		11. BIRTHPLACE (City and state or country) <b>DON GO LA - ILL</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S.</b>	
13a. FATHER'S NAME <b>HENRY DILLOW</b>			13b. MOTHER'S MAIDEN NAME <b>MALINDA GRAHAM</b>			14. NAME OF HUSBAND OR WIFE <b>FLORENCE DILLOW</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>493-10-9056</b>		17. INFORMANT Address <b>Florence Dillow, 6229 Plymouth</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary embolism</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Arterio sclerotic heart disease</b> <b>Gangrene left foot</b> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <b>Diabetes mellitus 465x</b> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown								
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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. Month, Day, Year		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 <b>Jan '57</b> to <b>Jan 31 '60</b> and last saw him alive on <b>Jan 31 '60</b> Death occurred at <b>3:45 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>L. B. Tanner</b> (Degree or title)				22b. ADDRESS <b>6000 W Florissant</b>		22c. DATE SIGNED <b>Feb 1 '60</b>		
23a. BURIAL CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>FEB-3-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>OAK GROVE CEM</b>		23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, COUNTY - MO</b>			
24. FUNERAL DIRECTOR <b>L. B. Tanner, 6107 Natural Bridge</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>FEB 2 1960</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith. M.D.</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Steve J. Haines*

Licensed Embalmer No. 14108

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.