URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-039671
STATE FILE NUMBER

NDED FILED VS OCT 26 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9641

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: City Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St.Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2906 St.Vincent
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Loretta Middle: Dillinger Last:
4. DATE OF DEATH: Month: Oct Day: 2 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/12/91
9. AGE (last birthday): 69
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): St.Louis Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Thomas Noonan
13b. MOTHER'S MAIDEN NAME: Margaret Golden
14. NAME OF HUSBAND OR WIFE: Eugene Dillinger
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 NO.:
17. INFORMANT: Address: Eugene Dillinger 2906 St.Vincent

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Strangulated Hernia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Gastrointestinal Obstruction
DUE TO (c) 561.5
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

BY AFFIDAVIT OF

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 5:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Patrick E. Taylor Coroner
22b. ADDRESS: Bao Clark
22c. DATE SIGNED: 10/4/60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct 5 1960
23c. NAME OF CEMETERY OR CREMATORY: Calvary
23d. LOCATION (City, town, or county) (State): St. Louis Mo
24. FUNERAL DIRECTOR ADDRESS: E.J.Schnur 3125 Lafayette
25. DATE RECD. BY LOCAL REG.: OCT 4 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Thomas R. Fenn

Licensed Embalmer No. 3793

P. O. Address 3125 Lig

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.