

REGD OCT 14 1939 **791**
Registration District No. **1008**

Primary Registration District No. _____

1. PLACE OF DEATH: **2**
(a) County _____
(b) City or town **St. Louis**
(c) Name of hospital or institution **Part of Vins St**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **1**
(c) City or town **St. Louis** **26**
(If outside city or town limits, write "RURAL")
(d) Street No. **2822a North 14th St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME **Lydia Dillinger, 45 1/2**
(b) If veteran, name war _____ (c) Social Security No. _____

20. DATE OF DEATH: Month **Sept** day **7**
year **1939** hour _____ minute **30 P.M.**
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Edward** 6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **October 1889**
(Month) (Day) (Year)

that I last saw h _____ alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death **Asphyxiation due to suffocation by drowning when found floating in Mississippi River at the foot of Pine Street on Sept. 7th, 1939, October 1, 1939**

8. AGE: Years **about 50** Months _____ Days _____ If less than one day hr. _____ min. _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: **166**
Of operations _____
Of autopsy **See above**

9. Birthplace **St. Louis** (City, town, or county) (State or foreign country)
10. Usual occupation **Housework**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **suicide**
(b) Date of occurrence **Sept 7 1939**
Where did injury occur? **St Louis Mo** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **!! public place**
While at work? _____ (Specify type of place) (a) Means of injury **drowning**

11. Industry or business _____
12. Name **Henry Meyer**
13. Birthplace **Germany** (City, town, or county) (State or foreign country)
14. Maiden name **unknown** (City, town, or county) (State or foreign country)
15. Birthplace **Germany** (City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature **Edward Dillinger**
(b) Address **2822a North 14th Street**
17. (a) **Burial** (b) Date thereof **Sept. 11th, 1939**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Zions Cem.**

23. Signature **Alfred Perry** (M. D. or other) **11**
Address **Repeat, Coroner** Date signed **9-6-39**

18. (a) Signature of funeral director **Stylishman Mnd. Co.**
(b) Address **1417 N. Market Street**
19. (a) **SEP 8 1939** (b) **J. F. Credeck**
(Date of local registration) (Registrar's signature)

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John P. Biechholz

Licensed Embalmer No..... *1674*

P. O. Address..... *2213 St. Louis Ave*

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, above space should be left blank.