

WRITE PLAINLY--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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41274**

Registrar's No. **10397**

JAN 12 1940 **791**
Registration District No. **1000**

Primary Registration District No. _____

1. PLACE OF DEATH: **St. Louis, Missouri 1**
(a) County _____
(b) City or town _____
(c) Name of hospital or institution: **City Sanitarium**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 yrs 3 mo. 21 day**
4 1/2 yrs. (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **1**
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis 16**
(If outside city or town limits, write "RURAL")
(d) Street No. **4118 Potomac**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **54** years.

3. (a) PRINT FULL NAME: **LENA W. DILLON 450**
(b) If veteran, name war **No**
(c) Social Security No. **Unknown**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** day **3**
year **1939** hour **9:45** minute _____ A. M.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **John R. Dillon**
6. (c) Age of husband or wife if alive **74** years
7. Birth date of deceased **November 28, 1874**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 1, 1938 to Dec. 3, 1939**
and that I last saw him alive on **Dec. 3, 1939**
and that death occurred on the date and hour stated above.

8. AGE: Years **61 yrs** Months **-** Days **5**
If less than one day _____ hr. _____ min.

Immediate cause of death **Coronary Occlusion 8-13-36x**
Duration _____

9. Birthplace **Saxony, Germany**
(City, town, or county) (State or foreign country)

Due to **Arteriosclerotic Heart Disease 8-13-36x**
Due to **Senility 8-13-36x**

10. Usual occupation **Housewife**

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

Major findings: Of operations _____

12. Name **Notator Matthew Hammer**

Of autopsy **Yes.**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Carolina Metzger**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **L. Deggendorf**

(b) Address **5400 Armand St.**

17. (a) **Burial** (b) Date thereof **Dec 6 1939**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Beiderwieser Funeral Home Inc.**

(b) Address **1936 St. Louis**

19. (a) **DEC 5 1939** (b) _____
(Date received local registrar) (Signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **A. K. Burch** (M. D. or other) _____

Address **5400 Armand** Date signed _____

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.....

Licensed Embalmer No. 2737

P. O. Address 1936 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.