

No. 2  
-11-10-39  
5-17-39  
X21492

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19606

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 1020

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Webster Groves  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 15 years  
years, months or days)

**3. (a) PRINT FULL NAME** Emerson Taylor Dildy 430

**8. (b) If veteran,** name war nil

**8. (c) Social Security No.** 499-01-9393

**4. Sex** Male **5. Color or race** white

**6. (a) Single, widowed, married, divorced** married

**6. (b) Name of husband or wife** May Haney Dildy (Mary)

**6. (c) Age of husband or wife if alive** 52 years

**7. Birth date of deceased** Dec. 25 1871  
(Month) (Day) (Year)

**8. AGE:**

|           |          |          |                      |
|-----------|----------|----------|----------------------|
| Years     | Months   | Days     | If less than one day |
| <u>68</u> | <u>5</u> | <u>1</u> | hr. _____ min. _____ |

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

**10. Usual occupation** Laborer

**11. Industry or business** W.P.A.

**MOTHER FATHER**

**12. Name** Unknown

**13. Birthplace** Tennessee  
(State or foreign country)

**14. Maiden name** Unknown (county) (State or foreign country)

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

**16. (a) Informant** Mrs May Dildy, Mary Dildy

**(b) Address** 23 a N. Gore Ave.

**17. (a) Burial** (Burial, cremation, or removal)

**(b) Date thereof** 5/28/40  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Oak Hill Cemetery

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

**(b) Address** Webster Groves Mo.

**19. (a) (Date received local registrar)** MAY 27 1940

**(b) (Registrar's signature)** [Signature]

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis

(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL")

(d) Street No. 23a N. Gore Ave.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month May day 26th  
year 1940 hour 7 minute no P.M.

**21. I hereby certify that I attended the deceased from** 1936 1936 to May 26 1940  
and that I last saw him alive on May 26 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
Coronary disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:** None

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**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? \_\_\_\_\_

**23. Signature** [Signature] (M. D. or other)

**Address** Webster Groves **Date signed** 5/27/40

**Duration**

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 Guy W Wilkerson

Licensed Embalmer No. 3575

P. O. Address.....

**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.**