

**RECEIVED**  
**OCT 23 1940**

Registration District No. 18

Primary Registration District No. 101

Registrar's No. 1765

**1. PLACE OF DEATH:**

(a) County St. Louis  
(b) City or town Clayton  
(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) 20  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Mrs. Jane Dillon Sample

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Sample 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased February 16 1883  
(Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Thomasville, Ga. Georgia  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name James Williamson Dillon

13. Birthplace Brunswick Georgia  
(City, town, or county) (State or foreign country)

14. Maiden name Jennie McIntosh

15. Birthplace Thomasville Georgia  
(City, town, or county) (State or foreign country)

16. (a) Informant William Sample

(b) Address 6300 Ellenwood Ave.

17. (a) Entombment (b) Date thereof 9/17/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum.

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd.

19. (a) SEP 17 1940 (b) R. M. [Signature]  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis  
(c) City or town Clayton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6500 Ellenwood Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sep day 15  
year 1940 hour 9 minute 35 a. m.

21. I hereby certify that I attended the deceased from June 28, 1940 to Sep 15, 1940;  
that I last saw her alive on Sep 15, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic carcinoma

Due to carcinoma of right ovary, impossible for

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

Major findings: Of operations 49

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? 707

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

23. Signature W. W. [Signature] (M. D. or other) \_\_\_\_\_

Address 1301 1/2 Kingshighway Date signed 9/16/40

Duration

6 months

Duration

2 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

JUL 28 1942

Dr. Harry W. Hines,  
2301 S. Kingshighway, St. Louis,  
Mo. - 343 W. Jackson, Republic 4022.  
1-5 P.M.

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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.