No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 964

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 964

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days (Specify whether years, months or days)
In this community 20yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 1725
(If outside city or town limits, write "RURAL") 6
(d) Street No. 821 Market St., 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X years.

3. (a) PRINT FULL NAME Oliver Dillon
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife Single
6. (c) Age of husband or wife if alive Single years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Unknown (City, town, or county) 6 (State or foreign country)
10. Usual occupation Nil.
11. Industry or business Nil.

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown 6 (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 6 (City, town, or county) (State or foreign country)

16. (a) Informant Ann Morrison
(b) Address St. Louis City Hospital #1.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 30 41 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery
18. (a) Signature of funeral director W. G. White
(b) Address City Hospital #1
19. (a) JAN 29 1941 (Date received local registrar) (b) J. T. Friedrich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6, year 1941 hour 5:20 minute P. M.
21. I hereby certify that I attended the deceased from January 2, 1941 to January 6, 1941; that I last saw him alive on January 6, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia 2	2 days
Cerebral thrombosis	4 days
Due to Generalized Arteriosclerosis	5 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy: as above

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

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? (Specify type of place)
While at work? (e) Means of injury 5

23. Signature Roger W. Farrell (M. D. or other)
Address 1515 Lafayette Date signed 1-6-41

(Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.