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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003
1003

16084

State File No. 4424

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 hrs. (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1515 Lafayette Avenue 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME ([redacted]) Dilport, Mary Pauline

3. (b) If veteran, name war ——

3. (c) Social Security No. ——

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife .....

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

7. Birth date of deceased May 19, 1942
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	11 hr. ..... min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business .....

FATHER
12. Name Paul Dilport
13. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ellamae Nesbit
15. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Dilport
(b) Address 1852 So. 10th Street

17. (a) Burial (b) Date thereof May 21, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director A Will Laughlin
(b) Address 2301 Lafayette Avenue

19. (a) MAY 20 1942 (b) J. F. Medeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19,
year 1942 hour 3:10 minute P. M.

21. I hereby certify that I attended the deceased from May 19, 1942 to May 19, 1942
that I last saw her alive on May 19, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Intracranial hemorrhage

Due to .....

Due to .....

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

Major findings:
Of operations .....

Of autopsy negative - no permit for brain

Duration: birth

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? 0
(Specify type of place)

While at work? ..... (e) Means of injury .....

Signature Geo. W. Salmon (M. D. or other) M.D.

Address 1515 Lafayette Avenue, Date signed 5/20/42

(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 Not Embalmed, Registered Apprentice No. _____, working under my personal supervision.

Signed Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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, fact should be so stated above.