

#12270
FILED JUN 4 1945 318
Registration District No.

Primary Registration District No. 1003

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

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

(d) Length of stay: In hospital or institution..... 3 days
(Specify whether

In this community..... 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 1210 Hebert St.
(If rural, give location)

(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME..... FLORENCE DILLICK

3. (b) If veteran, name war..... none

3. (c) Social Security No. none

4. Sex..... female / 5. Color or race..... white

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

6. (b) Name of husband or wife..... Andrew B. Dillick

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

7. Birth date of deceased..... January 17th, 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46.</u>	<u>4</u>	<u>6.</u>	hr. min.

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

10. Usual occupation..... Housewife

MOTHER FATHER

11. Industry or business.....

12. Name..... unknown

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

14. Maiden name..... unknown

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

16. (a) Informant..... Mr. Andrew B. Dillick

(b) Address..... 1210 Hebert St.

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof..... 5-25-45
(Month) (Day) (Year)

(c) Place: burial or cremation..... Friedens Cemetery

18. (a) Signature of funeral director..... Hy. Leidner U. Co.

(b) Address..... 2223 St. Louis Ave.

19. (a) MAY 25 1945 (Date registered) (b) J. F. Brueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... May day..... 23rd
year..... 1945 hour..... 3:15 minute..... A M.

21. I hereby certify that I attended the deceased from 5/20/45
....., 19....., to..... 5/23/45....., 19.....;

that I last saw h..... 9F..... alive on..... 5/23/45....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death..... Diabetes Mellitus

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy..... same

Duration

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?.....

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

23. Signature..... James J. Hunt (M.D. or R.N.)
Address..... 1515 Lafayette Date signed..... 5/23/45

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 John P. Buckholz
Licensed Embalmer No. 1674
P. O. Address 2223 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, fact should be so stated above.