V. S. No. 2
100M—5-43
Rev. 5-17-39
No. I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15055

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 4346

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

1. PLACE OF DEATH:

(a) County
(b) City or town: city of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days): life
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis
(c) City or town: Oakville
(If outside city or town limits, write "RURAL")
(d) Street No.: Ringer Road
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Nellie Dillon
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: single
6. (b) Name of husband or wife: none
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 3 (Day) 1868 (Year)
8. AGE: Years 76 Months 10 Days 12 If less than one day hr. min.
9. Birthplace: Oakville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: housework
11. Industry or business: athome
FATHER 12. Name: Ferguson Dillon
FATHER 13. Birthplace: Ireland (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Katherine Mooney
MOTHER 15. Birthplace: Ireland (City, town, or county) (State or foreign country)
16. (a) Informant: Geo Dillon
(b) Address: Ringer Road Oakville Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 5-17-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olive Cemetery
18. (a) Signature of funeral director: Southern Funeral Home
(b) Address: 6322 So. Grand Blvd.
19. (a) MAY 16 1945 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th year 1945 hour 1:30 minute p. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: radium burn lip
uterus cancer - patient when
discharged fell to the floor at
the Little Flower Retreat
House 2:00 P.M. 18th
Due to: May 10 1945 about
8:00 AM

Duration

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

Major findings: Of operations: 1 Yes
Of autopsy: No

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): Accident
(b) Date of occurrence: May 10 1945
(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: fall.
23. Signature: Alfred J. Perry (M. D. or other) DDS
Address: Deputy Coroner Date signed 5-16-45

(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 Virgil L. Berryman

Licensed Embalmer No. 4018

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, fact should be so stated above.