

FILED OCT 23 1948
Registration District No. 1003

Primary Registration District No. 1003

State File No. _____

Registrar's No. 8952

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution: Mo. Baptist Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In-hospital or institution 2 days
(Specify whether In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County own

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

(d) Street No. 4841a Easton Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME John R. Dilley

3. (b) If veteran, name war ---

3. (c) Social Security No. 490-03-0728

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15
year 1948 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from Oct 4 to Oct 15, 1948
that I last saw him alive on Oct. 14, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Elizabeth

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased July 14 1903
(Month) (Day) (Year)

8. AGE: Years 45 Months 3 Days 1
If less than one day _____ hr. _____ min.

Duration _____

Due to Coronary Permebrosis

Due to _____

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

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

10. Usual occupation Clergy

11. Industry or business _____

MOTHER FATHER { 12. Name John W. Dilley

{ 13. Birthplace Unknown Texas
(City, town, or county) (State or foreign country)

{ 14. Maiden name Virginia Suit

{ 15. Birthplace Unknown Arizona
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Dilley

(b) Address 4841a Easton Ave.

17. (a) Burial (b) Date thereof 10/18/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. St. Marcus

18. (a) Signature of funeral director Wacker - Heldeke

(b) Address 3634 Gravois Ave.

19. (a) OCT 15 1948 (b) J. B. Lascater
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy _____

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 D. A. Phinson (M. D. or other) _____
Address 7121 N Grand Bl Date signed Oct 15

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

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 *Delis J. Krupin*
Licensed Embalmer No. *3497*
P. O. Address *3634 Gravel*

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.