

FILED OCT 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35959

State File No.

Registrar's No. 3478

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH: a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Spanish Lake</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Spanish Lake</u> 0	
c. LENGTH OF STAY (In this place) <u>5 yr</u>		d. STREET ADDRESS (If rural, give location) <u>Bellefontaine Rd., R#1 Box 223</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bellefontaine Rd, R#1 Box 223</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillian</u> b. (Middle) <u>Dillinger</u> c. (Last) <u>Dillinger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 20th, 1951</u>		
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 25th, 1881</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u> 0		12. CITIZEN OF WHAT COUNTRY? <u>US</u>

13a. FATHER'S NAME <u>Frederick Fasholt</u>	13b. MOTHER'S MAIDEN NAME <u>Louise North</u>	14. NAME OF HUSBAND OR WIFE <u>Edward Dillinger</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>488-07-4472B</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edward Dillinger</u> ADDRESS <u>R#1 Box 223 Florissant, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>9201</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9/1, 1951, to death, 1951, that I last saw the deceased alive on Oct 15, 1951, and that death occurred at 5 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. A. Knight M.D.</u>	23b. ADDRESS <u>8201 N Broadway</u>	23c. DATE SIGNED <u>10-22-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10/23/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Picker Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-22-51</u>	REGISTRAR'S SIGNATURE <u>Herbert P. ... M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Diedrich F. Home</u> ADDRESS <u>8319 Hallsferry</u>
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WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Eleanora Poince

Licensed Embalmer No. 3403

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.