

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 16 1952

BIRTH NO.		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. <b>4829</b>
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>2 wks</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>High Ridge, Mo.</b> <b>0500</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Alexian Bros. Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Antire Rd.</b>		
3. NAME OF DECEASED (Type or Print) <b>Edward Lucius Dillon</b>		a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH <b>May 25, 1952</b>		9. AGE (In years last birthday) <b>82 yrs</b>		10. IF UNDER 1 YEAR Months Days
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 22, 1869</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanical Eng.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>John Dillon</b>		13b. MOTHER'S MAIDEN NAME <b>Sally Moon</b>		14. NAME OF HUSBAND OR WIFE <b>Martha T. Dillon</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>488-18-1799</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Martha T. Dillon RR#1 House Springs, Mo.</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Phenemine (Virus)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Of Heroin addiction 5-18-52</b> DUE TO (c) <b>Genitally transmitted infection - Gonorreia etc</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Spangulated hernia</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>5615</b>
22. I hereby certify that I attended the deceased from <b>May 17, 1952</b> , to <b>May 25, 1952</b> , that I last saw the deceased alive on <b>May 25, 1952</b> , and that death occurred at <b>8:00</b> m., from the causes and on the date stated above.				
23a. SIGNATURE (Typed or title)		23b. ADDRESS		23c. DATE SIGNED
<b>[Signature]</b>		<b>So. Side Hat Co. Bldg.</b>		<b>5-26-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY
<b>Burial</b>		<b>May 28, 1952</b>		<b>Bellefontaine Cemetery</b>
24d. LOCATION (City, town, or county)		24e. LOCATION (City, town, or county) (State)		
<b>St. Louis, Mo.</b>		<b>St. Louis, Mo.</b>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS
<b>MAY 26 1952</b>		<b>[Signature]</b>		<b>6175 Delmar</b>

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

Dr Maigus  
3606 Travis  
La 7380  
Call at 1 P. M.  
Dr Teckery  
Sappington  
Vi 34963

REC'D  
FEB 4 1959

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 jos. E. McCulloch  
Licensed Embalmer No. 2460

P. O. Address 6170 Delmar

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.