

FILED JUN 5 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19332

State File No. 4901  
Registrar's No. 1003

318

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Clayton</b>	
c. LENGTH OF STAY (In this place) <b>14 days</b>		d. STREET ADDRESS (If rural, give location) <b>418 Carrswold Dr. 4457</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Alexian Bros. Hosp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b> b. (Middle) <b>E.</b> c. (Last) <b>Dilg</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 12, 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Mar. 3, 1878</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Tent &amp; Awning</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	
13a. FATHER'S NAME <b>William Dilg</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Bodish</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Agnes Dilg</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>493-05-7607</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mary Agnes Dilg</b>		ADDRESS <b>418 Carrswold Dr</b>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			<b>Coronary Occlusion</b>			<b>1 Week</b>		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b)			<b>Myocardial Infarct</b>		
			DUE TO (c)			<b>Arterio Sclerosis Heart</b>		
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? 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>4201</b>	
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22. I hereby certify that I attended the deceased from **May 11, 1953** to **May 12, 1953**, that I last saw the deceased alive on **May 11, 1953**, and that death occurred at **418 Carrswold Dr.**, from the causes and on the date stated above.

23a. SIGNATURE (In prep. or title)  
**Edmund P. ...**

23b. ADDRESS  
**...**

23c. DATE SIGNED  
**5/14/53**

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 15, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>(St. Louis, Mo.)</b>	
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DATE REC'D BY LOCAL REG. <b>MAY 14 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. A. Stock</b>		ADDRESS <b>2117 E. Grand.</b>	
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G.P. (Licensed Embalmer's Statement on Reverse Side)

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

Buddy  
405 University Club Bldg.

Jr 7534

12 <sup>30</sup> PM.

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

*Frank A. Moore*

Licensed Embalmer No.

3041

P. O. Address

2117 E. Main

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.