

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1933

FILED JUN 1 - 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4735**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) (If rural, give location) a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>5 yrs, 8 mos, 17 days</b>		d. STREET ADDRESS <b>4932 a Devonshire</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Infirmary Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CATHERINE</b> b. (Middle) _____ c. (Last) <b>DILLON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5 8 1953</b>		
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5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>Sept., 18, 1876</b>		9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>				11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>George Eiler</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Mueller</b>			14. NAME OF HUSBAND OR WIFE <b>George T. Dillon</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Pearl Sebol 4932a Devonshire</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized Arteriosclerosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>years</b>	
		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? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4500</b>	

22. I hereby certify that I attended the deceased from 8/21, 1947, to May 8, 1953, that I last saw the deceased alive on May 8, 1953, and that death occurred at 5:10 P.M. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>George Eiler, M.D.</b>		23b. ADDRESS <b>5600 Arsenal St.</b>		23c. DATE SIGNED <b>5/9/53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>5-11-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ASSUMPTION CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>Matteese, Mo.</b>	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAY 11 1953</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>SOUTH CENTRAL FUNERAL HOME 6322 So. GRAND</b>	
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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

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Signed David Van Fossan

Licensed Embalmer No. 4282

P. O. Address 6332 So. St.

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.