

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 29 1957

STATE FILE NUMBER **15528**  
Registration District No. **317** Primary Registration District No. **541** Registrar's No. **965**

Health,  
Welfare  
Public  
Service

300  
1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		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, give TOWNSHIP only) OR TOWN <b>Clayton</b>		c. CITY OR TOWN <b>Rock Hill</b> <b>4631</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis Co. Hosp.</b>		d. STREET ADDRESS <b>1114 N. Rock Hill Rd.</b>	
3. NAME OF DECEASED (Type or print) First <b>Roman</b> Middle <b>W</b> Last <b>Dilthey</b>		4. DATE OF DEATH <b>April. 10th 1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 14th 1897</b>
9. AGE (In years last birthday) <b>59</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Am. Packing Co.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Driver</b>		11. BIRTHPLACE (City and state or country) <b>Berger, Mo.</b>	
13. FATHER'S NAME <b>William Dilthey</b>		14. MOTHER'S MAIDEN NAME <b>Unknown Roark</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>488-05-7291</b>	
17. INFORMANT <b>Anna Dilthey</b>		Address <b>Above</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary thrombosis</b> DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Obesity</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH <b>30 min.</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY <b>11 p.</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Maplewood Mo.</b>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <b>5-15-30</b> to <b>4-10-57</b> and last saw her/him alive on <b>2-14-57</b> Death occurred at <b>11 p.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J. A. Stirling M.D.</b>		22b. ADDRESS <b>Maplewood Mo.</b>	
22c. DATE SIGNED <b>4-11-57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4-18-57</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>	
24. FUNERAL DIRECTOR <b>JAY B. SMITH Maplewood, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4-11-57</b>	
25. REGISTRAR'S SIGNATURE <b>Herbert A. Romberg</b>			

Dr.

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 .....  
Signature of Student Embalmer

Signed *H. Burgess* .....

Licensed Embalmer No. *402*

P. O. Address *Maple*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.