

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023709

STATE FILE NUMBER

FILED JUL 15 1959

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

1657

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gardenville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Miller Nursing Home		Length of stay in 1b 4-days	d. STREET ADDRESS (If outside, give location) 1026 Eichelberger		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Zoa Middle A. Last Dillon			4. DATE OF DEATH Month June Day 19 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 8, 1889		9. AGE (In years last birthday) 69 IF UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeping		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) West Frankfort, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME C.L. Perryman		13b. MOTHER'S MAIDEN NAME Sophrona Sullivan		14. NAME OF HUSBAND OR WIFE Herman L. Dillon	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Clifford Dillon - 1026 Eichelberger Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Glioblastoma				INTERVAL BETWEEN ONSET AND DEATH 9 mos.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				193-9	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 Hour _____ a.m. _____ p.m. Month, Day, Year _____					
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 COUNTY STATE	
21. I attended the deceased from Death occurred at Dec 28, 1958 to June 19, 1959 and last saw him alive on June 1, 1959 at 10:30 P. m on the date stated above; and to the best of my knowledge from the causes stated.					
22a. SIGNATURE (Degree or title) Robert M. Suesch M.D.		22b. ADDRESS 114 N. Taylor		22c. DATE SIGNED 6/20/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE June 23, 1959	23c. NAME OF CEMETERY OR CREMATORY Masonic-Odd Fellows Ceme.		23d. LOCATION (City, town, or country) (State) Benton, Illinois
24. FUNERAL DIRECTOR Wacker-Helderle-3634 Gravois Ave.		25. DATE RECD. BY LOCAL REG. 6-20-59		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

Frank J. [Signature]
Licensed Embalmer No. *9675*
P. O. Address *[Signature]*

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.