

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009086

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 649 STATE FILE NUMBER

FILED MAR 2 1962

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Florissant Length of stay in 1b YRS.
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1375 Charbonier Rd. Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1375 Charbonier Rd. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Minnie May Dillinger FEB, 22 1962
 5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 5/4/1881 9. AGE (last birthday) 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Own Home 11. BIRTHPLACE (City and state or country) Albany, New York. 12. CITIZEN OF WHAT COUNTRY U.S.A.
 13a. FATHER'S NAME Timothy Pultz 13b. MOTHER'S MAIDEN NAME Emaline Dockstader 14. NAME OF HUSBAND OR WIFE Late Arthur Dillinger

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 Mr. Alvin Dillinger 4927 Arlington Ave. 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) Atherosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
 DUE TO (b) General Atherosclerosis several yrs.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of breast, inoperable 2 yrs. PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 Feb 7, 1957 to Feb. 22, 1962 and last saw her alive on Feb. 19, 1962
 Death occurred at 12:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edward Drafte Kerr, MD 22b. ADDRESS 950 Francis A. Clayton, No 22c. DATE SIGNED 2/23/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 2/26/62 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis Mo.

24. FUNERAL DIRECTOR Calvin F. Feutz 4828 Nat'l Bridge Blvd. ADDRESS 25. DATE RECD. BY LOCAL REG. 2-23-62 26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59

14013

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Dr. David N. Kerr
950 Francis PA.10411

2:00 to 4:30 today

County.

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 Robert E. Muhlman

Licensed Embalmer No. 4916

P. O. Address St. Louis, Mo.

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.