

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014134

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 725

**FILED MAR 18 1963**

VS 300  
Rev. 4/59

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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

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>St. Charles</u>                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Clayton</u>  |   | Length of stay in 1b<br><u>D.O.A.</u>   | c. CITY OR TOWN<br><u>St. Charles</u>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><u>St. Louis County Hosp.</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>Rte. #1, St. Charles</u>   |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><u>Irene Behlmann Dilks</u>  |   | 4. DATE OF DEATH<br>Month Day Year<br><u>Feb. 28, 1963</u>  |  |
| 5. SEX<br><u>F</u>   | 6. COLOR OR RACE<br><u>W</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>7-11-1916</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Planner</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>McDonald Aircft Co.</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Florissant, Mo.</u>   |
| 13a. FATHER'S NAME<br><u>Henry Behlmann</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Linford C. Dilks Jr.</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give w/o or dates of service)<br><u>No</u>  |   | 17. INFORMANT<br><u>Linford C. Dilks Jr. Rte #1 St. Charles</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u><br>DUE TO (b) <u>Arteriosclerotic Heart Disease</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>Seconds</u><br><u>Years</u>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Hypertension</u>   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.  | 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.)<br><u>1959</u>  |   | 20f. CITY, TOWN, OR LOCATION<br><u>Death</u>  |  |
| 21. I attended the deceased from <u>5:30 PM</u> to <u>Death</u> and last saw her/him alive on <u>6 Feb-1963</u><br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |
| 22a. SIGNATURE<br><u>Paul R. Whitener M.D.</u>   |   | 22b. ADDRESS<br><u>8923 Midland Homes (14) Mo</u>   | 22c. DATE SIGNED<br><u>1 March 1963</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>   | 23b. DATE<br><u>MAR. 4, 1963</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>PARK LAWN</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>LEMAY MO.</u>  |
| 25. DATE RECD. BY LOCAL REG.<br><u>3-2-63</u>  |   | 26. REGISTRAR'S SIGNATURE<br><u>John C. Murphy M.D.</u>   |  |
| 25a. FUNERAL DIRECTOR<br><u>Barringer Bros., Inc.</u>  |   |   |  |
| 25b. ADDRESS<br><u>2504 Woodson Rd., Overland 14, Mo.</u>  |   |   |  |

USE BLACK INK OR TYPEWRITER RIBBON

**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

*David C. Gibson*

Licensed Embalmer No. 3454

P. O. Address St. P. 14720

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.