

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025813

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6646

STATE FILE NUMBER

FILED JUN 28 1963

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (if outside corporate limits, give TOWNSHIP only) **St. Louis** Length of stay in 1b **12 days**  
c. FULL NAME OF (if NOT in hospital, give location) **Chronic Hosp.** Inside Limits Yes  No   
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo** b. COUNTY \_\_\_\_\_  
c. CITY OR TOWN **St. Louis** Inside Limits Yes  No   
d. STREET ADDRESS (if outside, give location) **1431 1/2 Park** Reside on Farm Yes  No

3. NAME OF DECEASED First **Lillian** Middle **Dillingham** Last \_\_\_\_\_  
4. DATE OF DEATH Month **6** Day **22** Year **63**

5. SEX **F** 6. COLOR OR RACE **W** 7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH **5-13-76** 9. AGE (last birthday) **87** 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) **St. Louis Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Wm. Bettcher** 13b. MOTHER'S MAIDEN NAME **Bertha Dittman** 14. NAME OF HUSBAND OR WIFE **Walter Dillingham, deceased**

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of) **No** **None** NO. \_\_\_\_\_ 17. INFORMANT **Mr. Jess Herzog, 7220 No. Lindbergh Rd.** 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) **Adenocarcinoma of Stomach**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_  
INTERVAL BETWEEN ONSET AND DEATH **15 1/2 F**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Fracture left femoral neck. Anteriorly placed heart**  
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.) **Fell at home**

20c. TIME OF INJURY Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. **12/11/62** 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.) **Home** 20f. CITY, TOWN, OR LOCATION **St. Louis** COUNTY **Missouri** STATE

21. I attended the deceased from **6-10-63** to **6-22-63** and last saw her/him **6-22-63**  
Death occurred at **11:05 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (of free or title) **Beryl M. Janaka, M.D.** 22b. ADDRESS **5600 Arsenal** 22c. DATE SIGNED **6/24/63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **June 26, 1963** 23c. NAME OF CEMETERY OR CREMATORY **Eake Charles Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

24. FUNERAL DIRECTOR ADDRESS **CALVIN F. FEUTZ, 4828 Natural Bridge Bl.** 25. DATE RECD. BY LOCAL REG. **JUN 25 1963** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

*OK Helen K. Taylor 6-25-63*

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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. Muhleman*

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.