

MAY 15 1940 791

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County _____
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 3402 Semple Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days) _____

3. (a) PRINT FULL NAME William Dillard 463

3. (b) If veteran, name war _____ none
3. (c) Social Security No. 4890164424. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Emma Dillard.
6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased April 13, 1885
(Month) (Day) (Year)8. AGE: Years 54 Months 11 Days 19
If less than one day _____ hr. _____ min.9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business Otis Elevator Co.

12. Name John Dillard.
 13. Birthplace Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name Julia Downing.
 15. Birthplace Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature *Willie Hunt*
(b) Address 3402 Semple Ave.17. (a) Burial (b) Date thereof APR. 4. 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John Cemetery

18. (a) Signature of funeral director *Francis Dickson*
(b) Address 1451 Union Bldg.19. APR 3 1940 (b) *J.F. [Signature]*
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3402 Semple Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1940 hour 3 minute 45 p. M.21. I hereby certify that I attended the deceased from Feb 8
1940 to April 2, 1940
and that death occurred on the date and hour stated above.
that I last saw him alive on March 30, 1940

Immediate cause of death _____ Duration _____

Due to Cirrhosis of Liver
(Alcoholic)
Chronic Endocarditis

Due to Chronic Nephritis

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature *W.H. [Signature]* (M. D. or other) *M.D.*
Address 1901 Madison St. Date signed 7/2/40

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

R. S. White

Licensed Embalmer No. *3973*

P. O. Address.....

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 this body is not embalmed, above space should be left blank.