

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **13063**  
Registrar's No. **3265**

**MAY 15 1940**  
Registration District No. **791**

Primary Registration District No.

1003

Registrar's No. **3265**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 days  
In this community 22 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Dill, Jake **400**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color of race Col 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Velma Dill 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased Jan 7 1880  
(Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 28 If less than one day \_\_\_\_\_ by \_\_\_\_\_ min.

9. Birthplace Miss.  
(City, town, or county) (State or foreign country)

10. Usual occupation N.R.A.

11. Industry or business \_\_\_\_\_

12. Name Evans Dill

13. Birthplace Brookville Miss  
(City, town, or county) (State or foreign country)

14. Maiden name Lygia

15. Birthplace Brookville Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Velma Dill

(b) Address 2929 Lucas ave.

17. (a) Rural (b) Date thereof April 10/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director J. A. Greenwood While at work (Specify type of place)  
(b) Address 2915 Franklin ave. (c) Means of injury \_\_\_\_\_

19. (a) APP 9 1940 (b) J. A. Greenwood  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis **21**  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2929 Lucas Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 4  
year 1940 hour 8:15 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 3-15-, 19 40, to 4-4-, 19 40;  
that I last saw him alive on 4-4-, 19 40,  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration About 6 days

Due to Scrotal Abscess  
Chronic Nephritis  
Due to Prob. Septicemia

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: MI  
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? \_\_\_\_\_

23. Signature H. C. Shively (M. D. or other) **4-5-40**  
Address 2601 N. Whittier Date signed \_\_\_\_\_

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 11 1946

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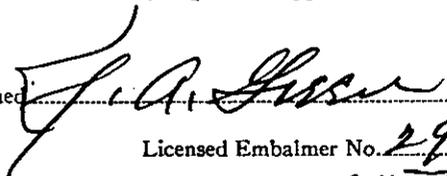
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**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No. 2963

P. O. Address. 2915 Franklin

**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.**