No. 2
—1/47
5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18754

FILED MAY 22 1947 318

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 4757

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 9 days (Specify whether years, months or days)
In this community (25) Years

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. 1408 N 21st Street
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME EFFIE DILLARD
3. (b) If veteran, name war None
3. (c) Social Security No. 489-18-8096
4. Sex FeMale
5. Color or race Col.
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Henry. Dillard
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased July (Month) 12th (Day) 1904 (Year)

8. AGE: Years	Months	Days	If less than one day
42	9	24	____ hr. ____ min.

9. Birthplace Washington (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation House Wife
11. Industry or business Nut Factory
MOTHER FATHER
12. Name Jordan. Johnson
13. Birthplace Arkansas (City, town, or county) (State or foreign country)
14. Maiden name Annie. Muldrew
15. Birthplace Arkansas (City, town, or county) (State or foreign country)
16. (a) Informant Annie Johnson
(b) Address 1902. Carr. Street.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12th/47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Park Cem
18. (a) Signature of funeral director John H. Houston
(b) Address 2829, Washington. Blvd
19. (a) MAY 12 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 6 year 1947 hour 4 minute 35 P. M.
21. I hereby certify that I attended the deceased from 4-27 1947 to 5-6 1947 and that I last saw her alive on May 6 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia; Peritonitis and	
Ruptured Appendicitis	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy No

PHYSICIAN
Underline the cause of which death should be charged statistically.

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature Edw B. Cullen (M. D. or other)
Address 2601 N Whittier Date signed 5/7/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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. 4441

P. O. Address 2829 Washington Blvd.

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, fact should be so stated above.