

No. 2
-1/47
-17-39

National Office of Vital Statistics
FILED OCT 4 1947

State File No. 9071

Registration District No.

Primary Registration District No. 1003

Registrar's No.

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 11 days
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 200

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. Grand Central Hotel
21
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Columbus Dillard

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Col

6. (a) Single, widowed, married, divorced. Unknown

6. (b) Name of husband or wife. Unk

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. Unknown
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29
year 1947 hour 8 minute P M.

21. I hereby certify that I attended the deceased from August 18, 19 47 to August 29, 19 47
that I last saw him alive on August 29, 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Subarachnoid Hemorrhage

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy No

Duration Undet.

PHYSICIAN

Underline the cause of which death should be charged statistically.

8. AGE: Years Months Days If less than one day
aft-13 Unk - - - - - br. - - - - - min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name. Unknown

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

16. (a) Informant. Elizabeth Rhodes
(b) Address. 2601 N Whittier St

17. (a) Anatomical Board (b) Date there 9-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation J. J. Daniels

18. (a) Signature of funeral director W. K. Ketchum
(b) Address 3500 Kasper St

19. (a) SEP 30 1947 (b) J. J. Daniels
(Date received local registrar) (Registrar's signature)

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 Oscar J Daniels (M. D. or other) 9/8/47
Address 2601 N Whittier St Date signed.....

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

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.....

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, fact should be so stated above.