

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25715

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6296

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2219	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis /		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis J	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2843 Franklin Ave.		d. STREET ADDRESS (If rural, give location) 21 2843 Franklin Ave.	
3. NAME OF DECEASED (Type or Print) Malinda		a. (First) b. (Middle) c. (Last) Dillard	4. DATE OF DEATH (Month) (Day) (Year) June 29, 1952
5. SEX Female 3	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 28, 1891
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Days 4	IF UNDER 12 HRS. 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	11. BIRTHPLACE (State or foreign country) Greenville Mississippi /
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Jake Wilkas	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mr. Joe Dillard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Joe Dillard 2843 Franklin Ave.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) Coronary thrombosis	
Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4201		22. I hereby certify that I attended the deceased from 2, 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 5:30 P. M., from the causes and on the date stated above.	
23a. SIGNATURE Patrick E. Poyler, M.D. (Degree or title)		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 7.1.52		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 4	
24b. DATE 7-6-52		24c. NAME OF CEMETERY OR CREMATORY Washington Pk. St. Louis, Mo.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ellis Funeral Home Inc. 2820 Stoddard	
DATE REC'D BY LOCAL REG. JUL 1 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D. (Licensed Embalmer's Statement on Reverse Side)	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Fulton E. Culkin

Signed.....
Student Embalmer

Licensed Embalmer No. *4198*

P. O. Address *H. Lewis 132*

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.