

AMENDED

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2727-61-010678

FILED MAR 30 1961

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS Length of stay in 1b _____
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION PARK LANE HOSPITAL Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MO. b. COUNTY _____
 c. CITY OR TOWN ST. LOUIS Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 2604 So. COMPTON Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
MARY K DILLARD MARCH 21 1961

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married Never Married
 Widowed Divorced 8. DATE OF BIRTH FEB 4, 1903 9. AGE (last birthday) 58
 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED COOK 10b. KIND OF BUSINESS OR INDUSTRY DE SOTO HOTEL 11. BIRTHPLACE (City and state or country) MISSISSIPPI 12. CITIZEN OF WHAT COUNTRY U-S-A

13a. FATHER'S NAME CULLEN BRYAN 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE CLARENCE DILLARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. _____ 17. INFORMANT CLARENCE DILLARD 2604 S. COMPTON Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Acute Dilatation of the Heart
 DUE TO (b) Chronic Myocarditis
 DUE TO (c) Hypertension 443x
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from 6-27-60 to 3-21-61 and last saw her him alive on 3-21-61
 Death occurred at 1:20 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS 4930 Lindell Blvd. St. Louis, Mo. 22c. DATE SIGNED 3-22-61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE MAR. 22, 1961 23c. NAME OF CEMETERY OR CREMATORY MORGAN CEMETERY 23d. LOCATION (City, town, or county) (State) SUMMIT ALABAMA

24. FUNERAL DIRECTOR Kurt's Funeral Home ADDRESS 2906 Gravois 25. DATE RECD. BY LOCAL REG. MAR 22 1961 26. REGISTRAR'S SIGNATURE [Signature]

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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Eleanor Province

Licensed Embalmer No. 3403

P. O. Address 2906 Provo

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.