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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8870

FILED MAR 20 1944

318

Registration District No. Primary Registration District No.

1003

Registrar's No. 2274

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

1. PLACE OF DEATH:

(a) County ST. LOUIS MO  
(b) City or town ST. LOUIS MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BARNES HOSPITAL 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days (Specify whether  
In this community 48 hrs (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Myrtle Lillian Dillard  
3. (b) If veteran, name war NO  
3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife CLAUDE  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased June 2nd 1904 (Month) (Day) (Year)

8. AGE: Years 39 Months 9 Days 4  
If less than one day hr. min.

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

10. Usual occupation HOUSEWORK

11. Industry or business AT HOME

MOTHER FATHER  
12. Name ROBERT B. BROWN JR.  
13. Birthplace UNKNOWN TENN (City, town, or county) (State or foreign country)  
14. Maiden name LENA KELLY  
15. Birthplace UNKNOWN TENN (City, town, or county) (State or foreign country)

16. (a) Informant Claude Dillard  
(b) Address 2716 W 20th St

17. (a) Burial, cremation, or removal Burial Date thereof March 3/7/44 (Month) (Day) (Year)  
(c) Place: burial or cremation St. John's Church

18. (a) Signature of funeral director Charles E. G...  
(b) Address 1416 Madison Square, St. Louis, Mo.

19. (a) Date of death MAR 8 1944 (b) Registrar's signature J. T. Bredbeck

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County 11  
(c) City or town GRANITE CITY (If outside city or town limits, write "RURAL")  
(d) Street No. 2716 GRANITE (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country N.R.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6  
year 1944 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 4 1944 to March 6 1944  
that I last saw her alive on March 6 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Lobar pneumonia & pleurisy  
Due to Streptococcus (Beta hemolytic)

Due to  
Other conditions (Include pregnancy within 3 months of death) 108

Major findings:  
Of operations  
Of autopsy as above  
PHYSICIAN Underline the cause to 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?  
While at work? (Specify type of place) (e) Means of injury

23. Signature M. C. Abney (M. D. or other)  
Address BARNES HOSPITAL Date signed 3/7/44

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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..... *Charles E. Mercer* .....

Licensed Embalmer No. *2988*.....

P. O. Address *Granite City Ill*.....

**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.**