

U.S. No. 2
 FORM-5-43
 Rev. 5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

12115

State File No. _____
 Registrar's No. 780

FILED APR 8 1944
 Registration District No. 377

Primary Registration District No. 3064

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
124 N. Elizabeth Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 18 Months

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Ferguson
(If outside city or town limits, write "RURAL")
 (d) Street No. 124 N. Elizabeth Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME HARRIET JANUARY LILLESTON
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Clay Tripplet Lilliston 6. (c) Age of husband or wife if alive dec. years
 7. Birth date of deceased 12 5 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 3 24 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name Horrace Cochran January
 13. Birthplace Maysville Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Louise Wilson
 15. Birthplace Flemingsburg Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James M. Price
 (b) Address 124 N. Elizabeth

17. (a) Cremation (b) Date thereof March 31, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Walhall's Crematory

18. (a) Signature of funeral director Alexander Sano
 (b) Address 6175 Delmar Blvd.

19. (a) APR 1 - 1944 (b) E. J. McLawrence, M.D.
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Mar. day 29
 year 1944 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 3/26, 1944, to 3/29, 1944;
 that I last saw her alive on 3/29, 1944;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Throm. Duration 1 hr.
 Due to arteriosclerosis ?
 Due to _____

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

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy gple
 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 W. J. King, M.D. (M.D. or other) M.D.
 Address Ferguson, Mo Date signed 3/29/44

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.....

Jos. E. McCulloch

Licensed Embalmer No. *2460*

P. O. Address *6175 Delmar*

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.

J. E. McCulloch
APR 19 1907