

No. 2.
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5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11854

State File No.

FILED APR 15 1947

Registrar's No. 813

Registration District No. 37

Primary Registration District No. 3070

1. PLACE OF DEATH:

(a) County St. Louis Missouri
(b) City or town Webster Groves, 19
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
513 E. Lockwood Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Three months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves, 19.
(If outside city or town limits, write "RURAL.")
(d) Street No. 513 E. Lockwood Ave.,
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Hattie C. Lillard

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Robert W. Lillard
6. (c) Age of husband or wife if alive dec'd years
7. Birth date of deceased June 29 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 9 hr. min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER

12. Name J. W. Ray

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

14. Maiden name Fannie Kitt

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

16. (a) Informant Vernon W. Lillard

(b) Address 84 Webster Woods

17. (a) removal (b) Date thereof 4 9 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knoxville Tenn.

18. (a) Signature of funeral director Mittelberg Funeral Home

(b) Address Webster Groves, 19, Mo.

19. (a) 4-10-47 (b) Leah M. Lillard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1947 hour 4 minute 00 M.

21. I hereby certify that I attended the deceased from 4/8
1947 to 4/8 1947
that I last saw her alive on 4/7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of osis
Duration 6 mos.

Due to Carcinoma of sigmoid 2 yrs.
Colon

Due to 462

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

Major findings: Of operations _____

Of autopsy _____

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 John King (M.D. or other)
Address 671 E. Big Bend Rd. Date signed 4/14/47
Webster Groves Mo

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

36
44

W. J. L.

DEC 23 1957

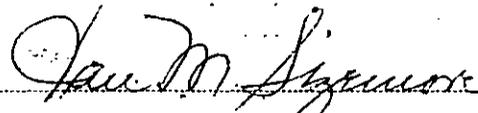
APR 15 1947

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. 4343

7415 Zephyr Pl.,
P. O. Address. Maplewood, Mo.

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.