S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 21 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28976

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 2519

1. PLACE OF DEATH:

(a) County

(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 060

(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 6315 Alamo 9
(If rural, give location)

N.R.

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Laura Dillard

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male | 5. Color or race: White | 6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: James Dillard

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: January (Month) 23 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
77	6	14	hr. min.

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

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Robert Smith
13. Birthplace: Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Helen Rosenfeld
(b) Address: 6315 Alamo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mexico, Mo.

18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Blvd.

19. (a) AUG 8 1947 (Date received local registrar) (b) J. F. Bielecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 7 year: 1947 hour: 2 minute: 00 P.M.

21. I hereby certify that I attended the deceased from April 1, 1947, to Aug. 7, 1947 and that I last saw her alive on Aug. 7, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
arteriosclerotic heart disease	
Due to: arteriosclerosis, senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 93	
Major findings: Of operations:	
Of autopsy: arteriosclerosis, calcified aortic & mitral valves; mastitis.	

PHYSICIAN — Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Henry Rosenfeld (M. D. or other)

Address: 3903 Olive St. Date signed: Aug. 8, 1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....Ernest W. Spillars

Licensed Embalmer No.....H080

P. O. Address.....

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.