

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42417
State File No. 10907
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri; b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to HOSPIER G. PHILLIPS HOSPITAL		d. STREET ADDRESS (If rural, give location) 282I Locust St.	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Harison c. (Last) Dillard			4. DATE OF DEATH (Month) (Day) (Year) - 12/ 16/ 49		
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5. SEX M. Col.		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 10/31/1919		9. AGE (In years last birthday) 30		10. IF UNDER 1 YEAR Months 2 Days 15		11. IF UNDER 4 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor Attendant			10b. KIND OF BUSINESS OR INDUSTRY Parking Lot			11. BIRTHPLACE (State or foreign country) St Louis Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME John Harison Dillard SR)			13b. MOTHER'S MAIDEN NAME Rebecca Brown			14. NAME OF HUSBAND OR WIFE P. Dillard		
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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'S SIGNATURE OR NAME ADDRESS Rebecca Dillard 282I Locust St.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Lumbar wound of skull</i> <i>brain suffered when shot with gun in the hands of unknown person in front of about 1534 Franklin Ave about 244 am</i> DUE TO (b) <i>See 17 1949</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Homicide</i>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Homicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Street</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St Louis Mo 166</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Dec 17 49 244 a m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>shot</i>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *2449 m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Patric E Taylor Coroner</i>		23b. ADDRESS <i>1300 oak</i>		23c. DATE SIGNED <i>12 19 49</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>12/23/49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>		24d. LOCATION (City, town, or county) (State) <i>St Louis Mo.</i>	
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DATE REC'D BY LOCAL REG. <i>Feb 19 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Lancaster</i>		FURNERAL DIRECTOR'S SIGNATURE <i>C. B. Jaylor</i>		ADDRESS <i>3955 page</i>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed _____

[Handwritten Signature]

Licensed Embalmer No. *4441*

P. O. Address *2829 Washington*

Signed _____
Student Embalmer

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.