S. No. 300
. 10.48

FILED APR 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15485

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 868

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Koch. (Rural)
c. LENGTH OF STAY (in this place): 66 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Robt. Koch Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: —
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 2119
d. STREET ADDRESS (If rural, give location): 1432 North Taylor

3. NAME OF DECEASED (Type or Print): a. (First) Lillian b. (Middle) M. c. (Last) Willard
4. DATE OF DEATH (Month) (Day) (Year): April 2. 1950
5. SEX: female 3
6. COLOR OR RACE: negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 1
8. DATE OF BIRTH: May 22. 1922
9. AGE (In years last birthday): 27 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): nil
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Beaumont, Texas 1
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Alden B. Thompson
13b. MOTHER'S MAIDEN NAME: Juanita Holmes
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 487.32.9881
17. INFORMANT'S SIGNATURE OR NAME: Hospital recd. Robt Koch ADDRESS: Hospital

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) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 12 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 1941
19b. MAJOR FINDINGS OF OPERATION: Thoracoplasty left 602X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 27, 1950, *to* April 2, 1950, *that I last saw the deceased alive on* April 2, 1950, *and that death occurred at* 905A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Frank Cohen (Degree or title) MD
23b. ADDRESS: Robt Koch Hosp. Koch Mo
23c. DATE SIGNED: April 2/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 4/5/50
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Mo

DATE REC'D BY LOCAL REG.: APR 4 1950
REGISTRAR'S SIGNATURE: Herbert R. Donike, MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C.W. Roberts 1416 N. Taylor Ave.

(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.

Student .....
Student Embalmer

Signed Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address St Louis 13. M

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.