

FILED JUL 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24693
Registrar's No. 5886

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		d. STREET ADDRESS (If rural, give location) 1432 a. N. Whittier St.	
3. NAME OF DECEASED (Type or Print) Haggie		4. DATE OF DEATH (Month) (Day) (Year) 7 6 1950	
5. SEX FEMALE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
6. COLOR OR RACE Negro		8. DATE OF BIRTH March 8, 1891	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		9. AGE (In years last birthday) 59	
10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Manchester, Tenn.	
13a. FATHER'S NAME John Banks		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13b. MOTHER'S MAIDEN NAME Victoria Cannon		14. NAME OF HUSBAND OR WIFE Dead	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Ethel Maston		ADDRESS 4830 Hammitt Place.	
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		Coronary Occlusion	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last...		(Sclerosis)	
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		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4201			
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 11:57 a.m., from the causes and on the date stated above.			
23a. SIGNATURE Samuel E. Taylor Esq.		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 7. 7. 50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/10/50	
24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. JUL 7 1950		REGISTRAR'S SIGNATURE	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS C. W. Roberts: 1416 N. Taylor Ave.	

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 James A. Carter.....

Licensed Embalmer No. 4481.....

P. O. Address #923 Suburban.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 2469350

State of..... }
County of..... } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 5886

On this..... day of....., 194....., before me appears.....

....., who, upon oath, states that the original record of birth death
for Haggie Dillard died 7-5-1950, 19....., in the State of
~~Missouri~~ Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 5 should read Female

Instead of..... Male

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Ann Roberts Fun. Dir
Relationship.

1416 N. Taylor

Present Address.

Subscribed and sworn to before me this 25 day of Aug, 1952

My Commission expires 3-4-53 Geo. C. Padon Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.