

FILED JAN 31 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 2465
 635 Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			
c. LENGTH OF STAY (In this place) <u>2 HRS</u>				d. STREET ADDRESS (If rural, give location) <u>1711 1/2 Park Avenue</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital #1</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 20-1951</u>			
3. NAME OF DECEASED (Type or Print) <u>Izetta</u>		a. (First)		b. (Middle)		c. (Last) <u>DILLARD</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>m</u>		8. DATE OF BIRTH <u>Dec. 5-1915</u>	
9. AGE (In years last birthday) <u>35</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 18 HRS. Hours _____ Mts. _____		11. BIRTHPLACE (State or foreign country) <u>U</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>		10b. KIND OF BUSINESS, OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>U</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>James H. Lee</u>		13b. MOTHER'S MAIDEN NAME <u>ELLA Reynolds</u>		14. NAME OF HUSBAND OR WIFE <u>Luther</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VERNON LEE EAST St. Louis, I.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wound of skull and brain, suffered when shot with .38 in hands of one Luther Dillard, husband of deceased, due to the result of about 1929 history of about 1025 pm Jan 19 1951</u>				INTERVAL BETWEEN ONSET AND DEATH <u>and</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1951</u>		19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>Homicide</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo. MISSOURI</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 19 51 10:25 p. m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>E981X</u>			
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 <u>1309</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Patrick B. Taylor Coroner</u>				23b. ADDRESS <u>1300. Clear</u>		23c. DATE SIGNED <u>1/20/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-20-51</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Campbell, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>JAN 22 1951</u>		REGISTRAR'S SIGNATURE <u>J B Swanton</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McLaughlin's 2301 Lafayette Av</u>			

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

989

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

H. G. Harris

Signed.....

Student Embalmer

Licensed Embalmer No. *3384*

P. O. Address *St Louis*

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.