S. No. 300
V. 10-48

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43782

BIRTH NO. 92133-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11511

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 26 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G. Phillips

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2199
d. STREET ADDRESS (If rural, give location): 3952 Delmar

3. NAME OF DECEASED (Type or Print)
a. (First): Michele
b. (Middle): Denise
c. (Last): Lillard

4. DATE OF DEATH (Month): 12 (Day): 16 (Year): 54

5. SEX: Fem. 3

6. COLOR OR RACE: Negro

7. ~~MARRIED, WIDOWED, DIVORCED (Specify)~~, NEVER MARRIED: 0

8. DATE OF BIRTH: 11-20-54

9. AGE (In years last birthday): If under 1 year: Months / Days: 26 / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Missouri 0

12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Edmond Lillard

13b. MOTHER'S MAIDEN NAME: Laverne Lucado

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Mary D. Jett R.R.L. 2601 N. Whittier

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth, neonatal death

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

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?: 7735

22. *I hereby certify that I attended the deceased from* 11-20-54, 19___, *to* 12-16-, 19 54 *that I last saw the deceased alive on* 12-16-, 19 54, *and that death occurred at* 9:20 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: William H. Sinkler (Degree or title): M. D.

23b. ADDRESS: 2601 N. Whittier

23c. DATE SIGNED: 12-17-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 12/19/54

24c. NAME OF CEMETERY OR CREMATORY: Booker T. Washington

24d. LOCATION (City, town, or county) (State): E. St. Louis, Ill

DATE REC'D BY LOCAL REG.: DEC 18 1954

REGISTRAR'S SIGNATURE: J. Earl Smith - M D

25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: R.M. C. Green, 4060 Washington 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 Melvin E. Green

Licensed Embalmer No. 4428

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.