MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16165

1. PLACE OF DEATH

County .... Registration District No. 791 ~~1003~~ File No. 4199

Township .... Primary Registration District No. .... Registered No. ....

City St. Louis, Mo. (No. Sanitarium St. .... Ward)

2. FULL NAME Harry J. Hill

(a) Residence. No. 1477 Laurel Av. 13 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 4 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of ....

6. DATE OF BIRTH (month, day and year) May 9-1894 ~~Unknown~~

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About 34	10	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Sheet Metal Worker

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer ....

9. BIRTHPLACE (city or town) St. Louis (State or country) Missouri

PARENTS

10. NAME OF FATHER Joseph H. Hill ~~Unknown~~

11. BIRTHPLACE OF FATHER (city or town) St. Louis (State or country) Missouri

12. MAIDEN NAME OF MOTHER ~~Annie~~ Fimple ~~Unknown~~

13. BIRTHPLACE OF MOTHER (city or town) St. Louis (State or country) Missouri

14. INFORMANT W. R. Summers (Address) 5300 Arsenal

15. Apr 1929 Filed ....., 19..... May O Starkey Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) 4/7 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 10th, 1927, to April 7th, 1929 that I last saw h... alive on April 6th, 1929, and that death occurred, on the date stated above, at 6.15 A.m.

The CAUSE OF DEATH* was as follows: General Paralysis of the Insane 83 (duration) 1 yrs. 3 mos. 27 ds. +

CONTRIBUTORY (SECONDARY) .... (duration) ..... yrs. ..... mos. ..... ds.

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18. Where was disease contracted if not at place of death? ....

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Did an operation precede death? .... Date of ....

Was there an autopsy? ....

What test confirmed diagnosis? ....

(Signed) W. R. Summers, M. D

4/7, 1929 (Address) 5300 Arsenal

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL Apr 10 1929

20. UNDERTAKER Albert F. Stuart ADDRESS 5525 Easton Av.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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