

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

2744
37

File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County St. Louis
Township Bonhomme
City _____ (No. _____)

Registration District No. 785
Primary Registration District No. 6031

2. FULL NAME

(a) Residence. No. Chestnutfield, Mo. St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Widow of Kate Hill

6. DATE OF BIRTH (MONTH DAY AND YEAR)

Oct-25-1851

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

70

2

18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

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

(c) Name of employer

Retired Farmer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis, Mo.

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

August Hill

Germany

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mary Weinsick

Germany

14. INFORMANT

(Address)

George C. Hill Jr.
Chestnutfield, Mo.

15. FILED

1-25-31

C. E. Barnett M.D.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

January 23-1931

17.

I HEREBY CERTIFY, That I attended deceased from January 22, 1931, to January 23, 1931, that I last saw him alive on January 23, 1931, and that death occurred, on the date stated above, at 7:15 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

82A Gophers
flu

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

C. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

J. R. D. Lee, M. D.

Res. ad. 1931 (Address)

Chestnutfield, Mo.

*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

DATE OF BURIAL

St. John's Cemetery, Jan. 27 1931

20. UNDERTAKER

ADDRESS

Heater Truck Co. Ballwin Mo.

