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

Do not use this space.

3798

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 1041

Township ..... Primary Registration District No. ..... Registered No. 1041

City St Louis (No. 4754 Hammett Pl St. ..... Ward)

2. FULL NAME Jesse Greenhill Hill

(a) Residence. No. 4754 Hammett Pl St. 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 6, 1851

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
79	10	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Bottle Business
(b) General nature of industry, business, or establishment in which employed (or employer) Wholesale
(c) Name of employer Retired

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Elzey Hill

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Hannah Shares

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Minnie Hill
(Address) 4754 Hammett Pl

15. FILED JAN 27 1931 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 25 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1930, to Jan 25, 1931 that I last saw him alive on Jan 24, 19..., and that death occurred, on the date stated above, at 2:40 17 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis
82A
97 (duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage
(duration) yrs. 1 mos. 23 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) D M Gibson, M. D.
1/26, 1931 (Address) 4337 Washington Blvd

*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
Valhalla Cemetery	Jan 28, 1931
20. UNDERTAKER	ADDRESS
Drehmann Harral	1905 Union

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