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

Do not use this space.

38978

File No. 11106
Registered No.

1. PLACE OF DEATH

County
Registration District No. 791
Township
Primary Registration District No. 1003
City St Louis (No. 4429 Bingham St. Ward)

2. FULL NAME William G. Hill.

(a) Residence, No. 5905½ S. Kingshighway St., 2 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 27-1867

7. AGE: Years 64 | Months 4 | Days 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laclede-Christy Co.
10. Date deceased last worked at this occupation (month and year): 7-1-31
11. Total time (years) spent in this occupation: 40 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Whitehall Ills.

FATHER

13. NAME: George Hill.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England.

MOTHER

15. MAIDEN NAME: Sarah E. Rice.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England.

17. INFORMANT: Mrs Anna Hill.
(ADDRESS) 5905½ S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Whitehall Ills DATE Nov 5 1931

19. UNDERTAKER: Pelt Bros.
(ADDRESS) 3049 Lyndale Av

20. FILED NOV - 4 1931 Walter C. Harding Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1931, to Nov 2, 1931.
I last saw him alive on Nov 2, 1931. Death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Acute dilatation of heart	10/31/31
(b)	
(c)	
Other contributory causes of importance: Chronic myocarditis	2

Name of operation: none Date of
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
—
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —
(Signed) Ernest W. Oelkers, M. D.
(Address) 3148 Olive St.

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

MARGIN RESERVED FOR BINDING

Dr. E. N. [illegible]

3148 Olive St.

Up to 18 [illegible]