

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

Do not use this space.

37929

File No. _____
Registered No. 10638
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis Mo (No. City, House #1)

2. FULL NAME

George W. Hill
(a) Residence, No. 1915 - Agnes St. St. 26 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louise Baum Hill</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 7 - 1863</u>		
7. AGE <u>69</u>	YEARS <u>1</u>	MONTHS <u>22</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer in rolling steel</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>44</u>
	10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ills.</u>	<u>2</u>
--	----------

FATHER	13. NAME <u>W. Hill</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ills.</u>

MOTHER	15. MAIDEN NAME <u>Not known</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ills.</u>

17. INFORMANT (ADDRESS) <u>Louise Baum Hill</u> <u>1915 - Agnes St.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Longburg Ills</u> DATE <u>Dec 2, 1932</u>

19. UNDERTAKER (ADDRESS) <u>Hyd. Leidner, Wm. Co.</u> <u>417 N. Market St.</u>

20. FILED <u>DEC - 1 1932</u> <u>W. H. Carter</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29, 1932

22. No. Physician in attendance
HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 9:30 p. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Shock & Burns (second & third degree) received when clothing became ignited while attempting to heat coffee on

Other contributory causes of importance:

gas stove at residence, 181 1/2 S. Burning Bldg)
Accident

Name of operation _____ 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? Accident Date of injury 11/29, 1932Where did injury occur? St. Louis Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

In home (7) (6)Manner of injury Shocking ignited (Distress)Nature of injury Shock & Burns (second & third degree)

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Dr. J. J. Regan M.D.(Address) Des Moines

