

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

Do not use this space.

11147

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... St. Louis, Mo. (No. 5446), Neosho Str. St. Ward)

File No.....
Registered No. 2189
St. Ward)

2. FULL NAME Henry W. Hill

(a) Residence, No. 5446 Neosho Str. St., 14 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12th 1875
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
57 7 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Arcade Bldg.
10. Date deceased last worked at this occupation (month and year) May 1930 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Missouri

13. NAME Henry Hill

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Roemer

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Harold H. L. Hill
5446 Neosho Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthews Cemetery DATE March 6th 1933

19. UNDERTAKER (ADDRESS) Hauck & Schmitt
3732 S. Grand Blvd.

20. FILED MAR - 3 1933 May C. Hardin Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3rd. 19 33

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1933 to March 3, 1933
I last saw him alive on March 2, 1933 Death is said to have occurred on the date stated above, at 11:15 m. a.m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris
94A 94A
9C 12
Other contributory causes of importance:
Pericarditis (Chronic)
Date of onset 2/27/33
3/6/33

Name of operation..... Date of.....
What test confirmed diagnosis..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) Paul R. Hangelman, M. D.
(Address) 3507 Ashmun St
St. Louis

A. 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.

Longman
23-09-1908
2-4 12. m.