Must be O.K.'d by Coroner

DEC 6

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

Do not use this space.

1. PLACE OF DEATH
County ST. Louis — Registration District No. 790 — File No. 40630
Township Central — Primary Registration District No. 6033a — Registered No. 385
City Clayton (No. ST. Louis Co. Hosp. — St. ..... Ward)

2. FULL NAME Hilton Squire
(a) Residence, No. 28 Blakemore St., Pine Lawn 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: Ola Lee Squire

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 2, 1882

7. AGE: YEARS 52 — MONTHS 3 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Steamfitter Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: United Drug Co.
10. Date deceased last worked at this occupation (month and year): Feby 1934
11. Total time (years) spent in this occupation: 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Quincy Ill.

FATHER
13. NAME: Hilton Squire
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

MOTHER
15. MAIDEN NAME: Alma Russell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Quincy Ill.

17. INFORMANT (ADDRESS): Mrs H. G. Squire, 28 Blakemore Pl.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem DATE Nov. 24 1934

19. UNDERTAKER (ADDRESS): Shepard Funeral Home, 1167-69 Hamilton Ave.

20. FILED 11-23 1934 Robt. J. Armbruster, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-20, 1934, to 11-21, 1934
I last saw him alive on 11-21, 1934. Death is said to have occurred on the date stated above, at 3:45 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy involving right side, causing hemoplegia of entire left side.
Date of onset
8291
Other contributory causes of importance: Protracted chronic. Hypertension
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

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 .....
Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Orson K. Timm M.D.
(Address) Louis County Hospital, Clayton, Mo.

Corona Dr. Jones Co. Mo. 11/22/34

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.