

N. B.—Every item of information should be carefully supplied. AGE must be stated EXACTLY. PHYSICIAN'S 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.

JAN 23 1936

40942

1. PLACE OF DEATH

County St LouisRegistration District No. 790

File No. _____

Township ClaytonPrimary Registration District No. 60335Registered No. 357City St Louis(No. St Louis County Hospital)

St. _____

Ward _____

2. FULL NAME Howard HILL(a) Residence, No. 1804 LincolnSt. Flaplewood

(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

Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Mabell Hill

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

June 27-1884

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

5158

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Labor

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)

Miner Mo.

13. NAME

Charles Hill

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

Mo.

15. MAIDEN NAME

Lillie Smith

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

Mo.

17. INFORMANT (ADDRESS)

1804 Linolen Mabell Hill

18. BURIAL, CREMATION, OR REMOVAL

PLACE Festus MoDATE Dec 8

1935

19. UNDERTAKER (ADDRESS)

Dement P Son 2631 Wash St

20. FILED

12/5 1935 Dr J J Signorelli

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

12/4 1935

22. I HEREBY CERTIFY, That I attended deceased from

11/13 1935, to 12/4 1935I last saw him alive on 12/4 1935. Death is saidto have occurred on the date stated above, at 8:30 am.

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

Date of onset

Broncho-Pneumonia

Other contributory causes of importance:

CNS Les

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 _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed)

Joseph J. T. Signorelli

M. D.

(Address)

St. Louis Co. Hospital

