

JUL 14 1936

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

Do not use this space.

24472

1. PLACE OF DEATH

County.....

Registration District No. 1003

Township.....

Primary Registration District No. ....

City St. Louis

(No. City Hospital # 1

File No. ....

Registered No. 6089

St. ....

Ward) ....

2. FULL NAME

Richard K. Hill

(a) Residence, No. 4758a

(Usual place of abode)

Alabama 15. Ward.

(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

M

4. COLOR OR RACE

W

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

married

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

Ida Hill

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

Jan. 11, 1899

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

37 5 1

OCCUPATION

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

Salesman

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

Notions

10. Date deceased last worked at this occupation (month and year)

Self

11. Total time (years) spent in this occupation

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

Mo

FATHER

13. NAME

William Hill

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

Ky

MOTHER

15. MAIDEN NAME

Clara Dean

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

Ky

17. INFORMANT (ADDRESS)

Ida Hill 4758a Alabama

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park

DATE June 15, 1936

19. UNDERTAKER (ADDRESS)

Dzschmann Harold 1905 Union Blvd

20. FILED

JUN 15 1936

J. T. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

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

June 12, 1936

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on ..... 19..... Death is said

to have occurred on the date stated above, at 7:40 p.m.

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

Meningitic (type undetermined) caused by compound fracture of right frontal bone, road auto (driven by deceased) hit a concrete standard.

Date of onset

Other contributory causes of importance:

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? Yes Date of injury 6/8/36

Where 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.

Manner of injury public place

Nature of injury see above

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

If so, specify

(Signed) John J. Sweeney, M.D.

(Address) Deputy Coroner

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.

MARGIN RESERVED FOR BINDING

100R-3-28-35

