

OCT 5 1936

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City St. Louis (No. 807<sup>th</sup> N<sup>th</sup> 20<sup>th</sup> St.) St. 791 Ward)

File No. **33217**  
Registered No. **9180**

2. FULL NAME

John J. Hill  
(a) Residence No. 807<sup>th</sup> N<sup>th</sup> 20<sup>th</sup> St. St. 791 Ward. 1003  
(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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
Abt. 74 — — —

OCCUPATION 8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Pension Public Service Co.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
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) North Carolina

FATHER 13. NAME ? Hill

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Ollie Hill  
807<sup>th</sup> N<sup>th</sup> 20<sup>th</sup> St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Sept. 5, 1936

19. UNDERTAKER (ADDRESS) W. P. Gordon Undertaker  
2649-51 Delmar Blvd.

20. FILED SEP 4 1936 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1<sup>st</sup>, 1936 to Aug. 23<sup>rd</sup>, 1936  
I last saw him alive on Aug. 23<sup>rd</sup>, 1936 Death is said to have occurred on the date stated above, at 1 p.m.

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

acute nephritis Resulting from chronic nephritis  
Other contributory causes of importance: 1 2 1

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? ..... 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, specify .....

(Signed) J. T. Bredeck, M. D.

(Address) 943<sup>rd</sup> Jefferson

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.

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

