OCT 5 1936

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

Do not use this space.

35612

File No. 9253

Registered No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St. Louis, (No. Jewish Hospital St. Ward)

2. FULL NAME EVA STURGES HILLS

(a) Residence, No. #265 N. Union, Ave., St., 12 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: Female

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14th 1871

7. AGE: Years 65 | Months 1 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) St. Louis, Missouri

FATHER

13. NAME Samuel Lockwood Sturges

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

MOTHER

15. MAIDEN NAME Ellen Babbitt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terre Haute, Indiana

17. INFORMANT Mrs S. B. Curran
(ADDRESS) #911 Dwyer Kirkwood

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine Cemetery DATE Sept. 8th 1936

19. UNDERTAKER C. R. Lupton & Sons
(ADDRESS) 4449 Olive, St.

20. FILED SEP 7 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5th 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1936, to Sept. 5th 1936

I last saw her alive on Sept. 4th 1936. Death is said to have occurred on the date stated above, at 9 a.m.

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

	Date of onset
Arteriosclerosis generalized	
Bronchio-Pneumonia	36

Other contributory causes of importance: None

Name of operation — Date of

What test confirmed diagnosis? Physicians 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 Dwyer M. D.

(Address) Courtney Bldg.

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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X7294

Century Bldg.
GA rfield 1276
2 to 5 P. M.