

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.

JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... **ST. LOUIS**

Registration District No. **791**
Primary Registration District No. **1003**
(No. **2315 SO 12th. ST.**)

File No. **18682**
Registered No. **5258**
St. Ward)

2. FULL NAME **HUFFMAN HOWARD HILL**

(a) Residence, No. **2315 SO. 12th.** St. **23** Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **MALE**
4. COLOR OR RACE **WHITE**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **DIVORCED**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JAN 26th. 1872**

7. AGE YEARS **65** MONTHS **3** DAYS **29** If LESS than 1 day, ... hrs. or min.

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

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **ANNA ILLS** (STATE OR COUNTRY)

13. NAME **JOS. P HILL**

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

15. MAIDEN NAME **ANNA MULL**

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

17. INFORMANT **JEFFERSON HILL** (ADDRESS) **2315 So. 12th. ST**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Trans. Ann. Bur.** DATE **MAY 28**, 19 **37**

19. UNDERTAKER **PEETZ BROS.** (ADDRESS) **3029 LAFAYETTE AVE.**

20. FILER **MAY 27 1937** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 25**, 19 **37**

22. I HEREBY CERTIFY That I attended deceased from **May 6**, 19 **37**, to **May 25**, 19 **37**. I last saw him alive on **May 25**, 19 **37**. Death is said to have occurred on the date stated above, at **10:15p.**

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

Gastric Carcinoma Date of onset **18th**

Other contributory causes of importance:

Chronic Myocarditis

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..... 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) **Julius J. Peetz**, M. D. (Address) **2336 56th St.**

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