

REC'D DEC 12 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 791

37702  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis, Mo. (d) Street No. 5351 Delmar Blvd. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 2 yrs. 1 mos. 26 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas Alfred Hill

(a) Residence, No. 5351 Delmar Blvd. St. 12 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 6, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from September 10, 1936 To Nov. 6, 38.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1868

I last saw him alive on Nov. 5, 1938, 19... Death is said to have occurred on the date stated above, at 8.50 A. M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 8 5

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

Chronic Valvular Heart Disease 3 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calhoun County, Illinois

Other contributory causes of importance:

13. NAME H James Hill  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Adaline House  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Witmoth Traller  
5351 Delmar Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Van Buren Mo. DATE Nov 8 1938

19. FUNERAL DIRECTOR (ADDRESS) Croy Funeral Home  
Van Buren Mo.

20. FILED NOV 21 1938 J. Bredeck Local Registrar.

Name of operation ..... Date of .....  
What test confirmed diagnosis? Phy. Ex. 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 Labou Cameron M. D.  
(Signed) Labou Cameron (Address) 508 N. Grand Blvd.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed

*John Fetter*

Licensed Embalmer No. **3880**

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**