

7 1939

REC'D MAR 9 1939

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

7720

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
 (b) Township Clayton Primary Registration District No. 101  
 (c) City Clayton (d) Street No. St. Louis County Hosp. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Hazel Grace Hill

(a) Residence, No. 323 Leffingwell St. Kirkwood, Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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

Harrison J. Hill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
48 1 11

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

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

13. NAME Robert Smith  
 14. BIRTHPLACE (CITY OR TOWN) England  
 (STATE OR COUNTRY)

15. MAIDEN NAME Della Allen  
 16. BIRTHPLACE (CITY OR TOWN) Indiana  
 (STATE OR COUNTRY)

17. INFORMANT Della Williams  
 (ADDRESS) 35 Queen St.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Valhalla DATE Feb. 8, 1939

19. FUNERAL DIRECTOR (NAME) Jay B. Smith  
 (ADDRESS) 7456 Manchester

20. FILED FEB 7 1939 G. R. Meyer  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from 2-4-39, 19, to 2-5-39, 19.

I last saw him alive on 2-5-39, 19. Death is said to have occurred on the date stated above, at 10:20 P.  
 The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Date of onset  
1934

Other contributory causes of importance: 59

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?.....  
 If so, specify.....

(Signed) James Bond M. D.  
St. Louis County Hosp. (Address)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*H. J. Burgess*

Licensed Embalmer No. *4028*

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**