

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791

1003

16709

Do not use this space.

4243

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No.....
 (c) City St. Louis (d) Street No. 4 N. Kingshighway 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 Heanie Morrison Lockwood Hill
 (a) Residence, No. 4 N. Kingshighway St. 12 (If nonresident, give city or town and State)

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 Walker Hill Hill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20th 1859

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. min.
<u>79</u>	<u>8</u>	<u>7</u>	<u>17</u>

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) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Richard J. Lockwood

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

15. MAIDEN NAME Angelica Peale Robinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shepardstown Virginia

17. INFORMANT Walker Hill Jr (ADDRESS) Security Bldg.

18. BURIAL, CREMATION OR REMOVAL PLACE Bellefontaine DATE May 9th 1939

19. FUNERAL DIRECTOR (NAME) Wagoner Und CO (ADDRESS) 3621 Olive St.

20. FILE NO. MAY 8 1939 J. D. Brubaker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-7 1939

22. I HEREBY CERTIFY, That I attended deceased from April 15th 1939 to May 6th 1939
 I last saw him alive on April 15th 1939. Death is said to have occurred on the date stated above, at 7:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Thrombosis
Causing left side
hemiplegia

Other contributory causes of importance:
Coronary occlusion
of the heart

Name of operation..... Date of.....
 What test confirmed diagnosis? clinical 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) Edward Smith, M. D.
 (Address) 3720 Washington

Date of onset May 3rd 1939
6
week
ago

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

Signed *Neville D. Prohvitler*
Licensed Embalmer No. *3696*
P. O. Address *3621 Oliver St.*

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.