

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D SEP 14 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27548

Registration District No.

1008

Primary Registration District No.

Registrar's No.

7048

1. PLACE OF DEATH:

(a) County. _____
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4380 W. Pine St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether)
In this community _____
years, months or days

8. (a) PRINT FULL NAME Harold Alexander Hill
3. (b) If veteran, name war World War 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura E. Hill 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased May (Month) 7 (Day) 1897 (Year)

8. AGE: Years 42 Months 3 Days — If less than one day hr. _____ min. _____

9. Birthplace North Dakota (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Constantine Hill
13. Birthplace Texas (City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Laura E. Hill

(b) Address 4380 W. Pine St.

17. (a) Burial (b) Date thereof Aug. 15/39 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester Ave.

19. (a) AUG 14 1939 (b) J. D. Brink (Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4380 W. Pine St. (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12 year 1939 hour about minute 2:45 P. M.

21. I hereby certify that I attended the deceased from July 21 1939, to Aug 12 1939

that I last saw him alive on Aug 12 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration 2 days

Indurated myocardium

Due to Pulmonary embolism

non tubercular probably

the result of being gassed

in war

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury (WARNER)

23. Signature Paul Brown (M. D. or other)

Address 1115 Paul Brown Bldg. St. Louis Date signed Aug 14 39

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.....

Floury Lynch, Registered Apprentice No. *1284*,
working under my personal supervision.

Signed: *Edith E. Ambrose*

Licensed Embalmer No. *839*

P. O. Address *St Louis Mo*

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.