

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  
STANDARD CERTIFICATE OF DEATH

State File No. 30151  
Registrar's No. 1466

Registration District No. 101

Primary Registration District No. 101

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 17 days  
(Specify whether  
In this community. 3 years.  
years, months or days)

3. (a) PRINT 480 Gladys Hill  
FULL NAME

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. ?

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Frank Hill 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Sept. 30 1907  
(Month) (Day) (Year)

8. AGE: Years 31 Months 10 Days 17 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Doe Run Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Waitress

11. Industry or business O

12. Name John Pritchett C.

13. Birthplace Doe Run Mo. t  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Crawford Mo.  
(City, town, or county) (State or foreign country)

15. Birthplace Doe Run Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Pritchett

(b) Address Valley Park Mo.

17. (a) burial (b) Date thereof 8/19/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Theo. Schradler

(b) Address Ballwin Mo.

19. (a) AUG 17 1939 (b) DR. Mary M. S. P.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Valley Park  
(If outside city or town limits, write "RURAL")  
(d) Street No. 721 Benton  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 16  
year 1939 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from 7/30/39  
\_\_\_\_\_, 19\_\_\_\_, to 8/16/39, 19\_\_\_\_;  
that I last saw her alive on 8/16/39, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pelvic cellulitis Duration 8-16-39

Due to Septic abortion

Due to self inflicted measure  
(had pencil inserted into uterus)

Other conditions 1750  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature N. Blom (M. D. or other) M.D.

Address St. L. Co. Mo. Date signed 8-12-39

B.C.

(Licensed Embalmer's Statement on Reverse Side)

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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

*Heo. Schrader*

Licensed Embalmer No. *3066*

P. O. Address *Baltimore, Md.*

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

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