

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County 1  
(b) City or town St. Louis, mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home of Phillips  
(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 and days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1 18  
(c) City or town St. Louis, mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3305 La Salle St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11/92 day 9 ✓  
year 1939 hour 7 minute 50 p M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Neurorrhage Duration \_\_\_\_\_  
following operation for  
Spinal Curvature of Cervical  
Circleum Hypertrophy  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 958  
Of operations \_\_\_\_\_  
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 name of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Joseph M. Zeebin (M. D. or other)  
Address Deputy Coroner Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME Edward Hill 450  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 120557

4. Sex male 5. Color or race negro 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Coa Hill 6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased Dec 12, 1891  
(Month) (Day) (Year)

8. AGE: Years 47 Months 11 Days 28 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Memphis Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business P.W.A.

MOTHER FATHER  
12. Name Henry Hill  
13. Birthplace Unknown  
(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 Coa Hill  
(b) Address 3305 La Salle

17. (a) Burial (b) Date thereof 11-15-39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Father Decker

18. (a) Signature of funeral director English Und. Co  
(b) Address 2931 Lucas, ave

19. (a) NOV 15 1939 (b) J. T. Beck  
(Date received local registrar) (Signature)

WICKLE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
 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.

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.....

*Raymond E. Schuke*

Registered Apprentice No.....

working under my personal supervision.

*city license #180*

Signed.....

*Raymond E. Schuke*

Licensed Embalmer No.....

*3985*

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.

10011