

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

4515

1345

Registration District No.

Primary Registration District No.

7911

1003

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
(Specify whether
In this community Unknown
years, months or days)

3. (a) PRINT FULL NAME Gus Hill

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race COL 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased (Month) 1 (Day) 2 (Year) 1889

8. AGE: Years 51 Months 1 Days 6 If less than one day hr. min.

9. Birthplace VICKSBURG (City, town, or county) MISS (State or foreign country)

10. Usual occupation LABORER 9

11. Industry or business 9

12. Name UNKNOWN

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 Glenn Bingham

(b) Address 4039 a West Belle Pl.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-9-40 (Month) (Day) (Year)

(c) Place: burial or cremation GREENWOOD CEM.

18. (a) Signature of funeral director Peoples Burial League

(b) Address 3100 Franklin Ave.

19. (a) FEB 9 1940 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4039 a West Belle
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8
year 1940 hour 2:00 minute A M.

21. I hereby certify that I attended the deceased from January 27, 1940, to February 8, 1940
that I last saw him alive on February 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 5 mos

Due to

Due to

Other conditions (Include pregnancy within 6 months of death)

Major findings: Of operations

Of autopsy Pulmonary Tuberculosis

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?

(Specify type of place) While at work? (e) Means of injury

23. Signature H. J. Lyman (M. D. or other) Address 2601 N Whittier Date signed 2/9/40

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

Robert H. Powell

Licensed Embalmer No.

3402

P. O. Address

3100 Franklin Ave

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.