No. 2
-10-39
17-39
X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4733

Registration District No. 701 Primary Registration District No. 1003 Registrar's No. 1563

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: 4696 TESSON AV. 2
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS 1
(If outside city or town limits, write "RURAL")

(d) Street No. 4696 TESSON AVE.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MARGARET ELLEN HILL

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JAMES THOMAS HILL

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased AUG. (Month) 16 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	5	27	hr. min.

9. Birthplace LEVY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name JOHN WESLEY WEBB
13. Birthplace WEBB CREEK (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name ELIZABETH WILSON
15. Birthplace (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant J. T. HILL

(b) Address WENTZVILLE, MO.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 2-15-40 (Month) (Day) (Year)

(c) Place: burial or cremation DE SOTO, MO

18. (a) Signature of funeral director ALBERT H. HOPPE

(b) Address 4700 WASHINGTON AV.

19. (a) FEB 15 1940 (Date received local registrar) (b) J. F. Burdick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13
year 1940 hour 1 minute 35 A.M.

21. I hereby certify that I attended the deceased from December 15, 1939, to Feb 13, 1940
that I last saw her alive on Feb. 13, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of Stomach	7 months
Due to	
Due to	
Other conditions Metastases to liver spleen (Include pregnancy within 3 months of death)	3 months

Major findings:
Of operations No
Of autopsy No

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 Francis D. Wernel (M. D. or other) M.D.
Address 3831 So. Kingshighway Date signed Feb. 15 1940

(Licensed Embalmer's Statement on Reverse Side)

MAY 10 1945

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 J. G. Sullivan

Licensed Embalmer No. 1122

4700 Washington P. O. Address St. Louis Mo

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

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