

Registration District No. 775

Primary Registration District No. 6020

Registrar's No. 25

MAR 12 1940

1. PLACE OF DEATH

(a) County St. Francois
(b) City or town St. Francois
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME EDWARD JOHN HILL 4th

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 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 Dec. 12 1925
(Month) (Day) (Year)

8. AGE: Years 14 Months 6 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation High School Student

11. Industry or business _____

12. Name Gyman Oscar Hill

13. Birthplace St. Jacob, Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Marjorie Pettit

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Gyman Oscar Hill
(b) Address De Soto, Mo Route #1

17. (a) Burial (b) Date thereof March 8, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charlesden, St. Louis

18. (a) Signature of funeral director See Motherhood
(b) Address De Soto, Mo
19. (a) March 6, 1940 (b) M. W. Hawkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town De Soto, Mo Route #1
(If outside city or town limits, write "RURAL")
(d) Street No. 0 Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th
year 1940 hour about 4:15 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Accident on highway 61. (Meridia) death by electrical injuries caused by unknown
Due to object. Duration _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) 14 4 11

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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) accident
(b) Date of occurrence Mar 5, 1940
(c) Where did injury occur? on highway 61
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
as stated above
While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature Geo. Diermer (M.D. or other) Coroner
Address Star River Mo Date signed 3-6-40

WRITE 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.

Rev. 5-17-39
1 x 11

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.....

C. J. Claywell

Licensed Embalmer No.....

3706

P. O. Address.....

Barne Lane 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.