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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. 43788

FILED JAN 8 1941

Registration District No. 1941 84 Primary Registration District No. 101 Registrar's No. 2474

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 2 days (Specify whether years, months or days) In this community 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Richmond Heights (If outside city or town limits, write "RURAL")
(d) Street No. 7984 Bruno Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Hayse Hill
3. (b) If veteran, name war unknown
3. (c) Social Security No. unknown
4. Sex male
5. Color or race colored
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Josephine Hill
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased Mar. (Month) 5 (Day) 1888? (Year)
8. AGE: Years 52? Months 9 Days 22 If less than one day ____ hr. ____ min.
9. Birthplace Meridian (City, town, or county) Miss. (State or foreign country)
10. Usual occupation Janitor
11. Industry or business ?
FATHER
12. Name Melvin Hill
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Anna Spriggs
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Josephine Hill
(b) Address 7980 Bruno
17. (a) ____ (Burial, cremation, or removal) (b) Date thereof 12-31-40 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem
18. (a) Signature of funeral director [illegible]
(b) Address Kirkwood Mo
19. (a) DEC 31 1940 (Date received local registrar) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27 year 1940 hour 5 minutes 15 A. M.
21. I hereby certify that I attended the deceased from 12-25-40, 19__, to 12-27-40, 19__; that I last saw him alive on 12-27-40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Apoplexy	2 days
Due to: Hypertension Cardiovascular Heart Disease	yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: massive cerebral hemorrhage	

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 [illegible] (M. D. or other) M
Address St. Louis Co Hosp Date signed

(Licensed Embalmer's Statement on Reverse Side)

SEP 8 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.