

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 13179
Registrar's No. 3609

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: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days
(Specify whether
In this community 20 years
years, months or days)

3. (a) PRINT FULL NAME Harry Hill

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

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Elizabeth Hill 6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years abt: 70 Months L Days L If less than one day
hr. min.

9. Birthplace unknown Miss. 1
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Laborer

12. Name Columbus Hill
13. Birthplace Miss. 1
(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 Elizabeth Hill
(b) Address 922 N. 19th St

17. (a) burial (b) Date thereof 4 28 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. W. Walton

(b) Address 2707 St. Charles

19. (a) APR 28 1941 (b) J. W. Redek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17 21
(d) Street No. 922 N. 19th St. (If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1941 hour 8:25 minute A. M.

21. I hereby certify that I attended the deceased from April 18, 1941 to April 23, 1941,
that I last saw him alive on April 23, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Probable Silicosis
Duration Several
years

Due to _____

Due to _____

Other conditions 11/11
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 type of place) (e) Means of injury 0

23. Signature Edell W. C. C. C. (If doctor or other)

Address 2601 N. Whittier Date signed _____

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

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.....

William C. McDowell....., Registered Apprentice No.....
working under my personal supervision.

Signed William C. McDowell
Licensed Embalmer No. 2114

P. O. Address.....

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, fact should be so stated above.