

STANDARD CERTIFICATE OF DEATH

State File No. 16599

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4117

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: 231 So. Jefferson Ave  
(If not in hospital or institution, give street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME MATILDA Hill

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

4. Sex Female 5. Color of race Col 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased Dec 26 1873  
(Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Home Work at Home

11. Industry or business \_\_\_\_\_

12. Name (pink) Williams

13. Birthplace Miss  
(City, town, or county) (State or foreign country)

14. Maiden name (pink)

15. Birthplace Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant Matilda Hill

(b) Address 231 So Jefferson

17. (a) Burial (b) Date thereof 5-17-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. A. Green

(b) Address 2910 Franklin Ave

19. (a) MAY 16 1941 (b) J. T. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000  
(c) City or town St Louis Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 231 So Jefferson Ave  
(If not, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13 day May  
year 1941 hour 12 minute a.m.

21. I hereby certify that I attended the deceased from 5/12/41  
\_\_\_\_\_ 19\_\_\_\_ to 5/13 19\_\_\_\_  
that I last saw her alive on 5/13 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Hyperkalemia  
Heart Disease 3 years  
Acute Nephritis  
Due to Hyperkalemia 3 yrs  
Due to \_\_\_\_\_

Other conditions Senility  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy AW

Duration  
3 years  
3 yrs  
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 J. A. Walker (M. D. or other) \_\_\_\_\_  
Address 5092 Jefferson Date signed 5/17/41

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

0  
179

110

70

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**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. A. Gross*

Licensed Embalmer No. 2963

P. O. Address 2915 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.**