

FILLED JUL 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20547

State File No.

Registrar's No. 5359

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County. St. Louis.
(b) City or town. St. Louis.
(c) Name of city or institution. Infirmary.
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution April 25, 1940
15yrs. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME. Harold Hill.

3. (b) If veteran, name war. Cannot say. 3. (c) Social Security No.

4. Sex. Male 5. Color or race. Colored 6. (a) Single, widowed, married, divorced. Widower

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

7. Birth date of deceased. November 15, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 5 5 2 hr. min.

9. Birthplace. Buffalo, N.Y. American.
(City, town, or county) (State or foreign country)

10. Usual occupation. Laborer

11. Industry or business. Unknown

12. Name. Unknown

13. Birthplace. Unknown
(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. E. M. M. M.

(b) Address. 5800 Arsenal St.

17. (a) (b) Date thereof. June 27, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Buried

18. (a) Signature of funeral director. W. J. M. M.

(b) Address. 5800 Arsenal St.

19. (a) JUN 30 1941 (b) Registrar's signature

(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. St. Louis.
(c) City or town. St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?. American, years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. June day. 27, year. 1941. hour. 11:20 minute. A. M.

21. I hereby certify that I attended the deceased from April 25, 1940, to June 27, 1941, that I last saw him alive on June 27, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death. Spontaneous hemorrhage of cerebellum of stomach

Due to. Degenerative heart disease

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

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)
(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. R. E. Shank (M. D. or other) 0
Address. 5800 Arsenal Date signed. 6/27/41

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

MOTHER FATHER

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 with the above constitutes grounds for revocation of license.)

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