No. 2
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X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26128

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 1480

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 1 day (Specify whether years, months or days) In this community 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Glencoe (If outside city or town limits, write "RURAL") C

(d) Street No. Old State Road (If rural, give location) C

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ernest Everett Hill

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mabel I. Hill

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Sept. 1, 1886 (Month) (Day) (Year)

8. AGE: Years 54 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Texas County, (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Not employed

MOTHER FATHER

12. Name Wm. Burton Hill

13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

14. Maiden name Mary K. Altrum

15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mabel Hill

(b) Address Glencoe, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/41 (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem., Bend, Mo.

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Ballwin, Mo.

19. (a) JUL 16 1941 (Date received local registrar) (b) Z. P. Meyer M.D. (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15, year 1941 hour 4 minute 20 A. M.

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

Immediate cause of death As the result of a collision while riding as a passenger in an automobile on a

Due to public highway.

Due to Subarachnoid hemorrhage; fracture of ribs, left; Fracture of tibia, right.

Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations

Of autopsy Yes.

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) Accident.

(b) Date of occurrence July 12, 1941

(c) Where did injury occur? Lindbergh & Tesson F. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? (e) Means of injury Auto Collision

23. Signature Louis H. Bopp (M. D. or other)

Address Kirkwood, Mo. 7/16/41 Date signed

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STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

1. PLACE OF DEATH:

(a) County .....

(b) City or town .....
(If outside city or town limits, write "RURAL," and name of township)

(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)

In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town .....
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

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

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

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

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

7. Birth date of deceased ..... (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

12. Name .....

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

14. Maiden name .....

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

16. (a) Informant .....

(b) Address .....

17. (a) Date thereof ..... (Month) (Day) (Year)

(b) Place: burial, cremation, or removal .....

18. (a) Signature of funeral director .....

(b) Address .....

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... day ..... year ..... hour ..... minute ..... a. M.

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

Immediate cause of death ..... Duration

Due to .....

Due to .....

Other conditions .....
(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? .....
(Specify type of place)

While at work? ..... (e) Means of injury .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 working under my personal supervision.

Registered Apprentice No. .....

Signed John M Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, Mo.

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

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

(Licensed Embalmer's Statement on Reverse Side)

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