

FILLED NOV 24 1941
Registration District No. **791**

Primary Registration District No. **1003**

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

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: St. Lukes Hospital
(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

3. (a) PRINT FULL NAME Edwin R. Hill

3. (b) If veteran, name war None. 3. (c) Social Security No. 702-09-4107

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Walker Hill 6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased 11 - 30 - 1883
(Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
Chief Clerk,

10. Usual occupation St. Louis & Southwestern R. R.

11. Industry or business _____

MOTHER FATHER { 12. Name John Hill
13. Birthplace Unknown England
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Saffens
15. Birthplace Jefferson County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. Walker
(b) Address 2114 Maury Ave.

17. (a) Burial (b) Date thereof 10-25-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Road at Concordia Lane

19. (a) OCT 25 1941 (b) J. J. Brudek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7012 Forsythe Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23rd
year 1941 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept. 29, 1941 to Oct. 23rd 1941
that I last saw him alive on October 23rd 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration _____

Due to Acute broncho-pneumonia (both sides)

Due to Chronic hypertension; chronic nephritis; acute pyelitis.

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

Major findings: Of operations _____

Of autopsy None

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature G. L. Krause (M. D. or other) _____
Address 3720 Washington Blvd. Date signed 10/24

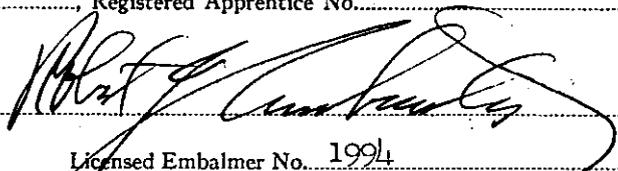
STATEMENT BY LICENSED EMBALMER

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. 1994.....

P. O. Address Clayton, Missouri.....

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.