

LED JAN 24 1942 7911

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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:  
**St. Luke's 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Illinois** (b) County..... **Macon**  
(c) City or town..... **Macon**  
(If outside city or town limits, write "RURAL.")  
(d) Street No.....  
(If rural, give location) **2**  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Dec** day..... **7**  
year..... **1941**..... hour..... **5**..... minute..... **AM**  
21. I hereby certify that I attended the deceased from..... **Nov 23**  
..... 1941, to..... **Dec 7**..... 1941  
that I last saw him alive on..... **Dec 7**..... 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Cerebral hemorrhage**  
**from left hip due to fall on**  
**Art. Scherrie 11/23-31 at**  
**Hypertensive chain**  
**myocarditis**  
Due to.....  
Due to.....  
Other conditions  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

3. (a) PRINT FULL NAME..... **Ervel W. Hight**

3. (b) If veteran, name war..... **No.** 3. (c) Social Security No..... **None**

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

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

7. Birth date of deceased..... **July 18 1869**  
(Month) (Day) (Year)

8. AGE: Years..... **72** Months..... **4** Days..... **19** If less than one day..... hr..... min.

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

10. Usual occupation..... **Retired Banker**

11. Industry or business.....

MOTHER FATHER { 12. Name..... **Robert W. Hight**  
13. Birthplace..... **Virginia**  
(City, town, or county) (State or foreign country)  
14. Maiden name..... **Martha Unroe**  
15. Birthplace..... **Greene Co. Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Wayne Hight**  
(b) Address..... **5890 Enright Ave.**

17. (a) **Removal** (b) Date thereof..... **12-9-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation..... **Macon, Ill.**

18. (a) Signature of funeral director..... **Albert H. Hoppe**  
(b) Address..... **4700 Washington Ave.**

19. (a) **DEC 9 1941** (b) **J. F. Brudick**  
(Date received local registrar) (Registrar's signature)

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.....  
23. Signature..... **G. L. Strand** (M.D. or other)  
Address..... **3720 Washington St., Macon, Ill.**

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

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17  
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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 *John M. Bentley*  
..... Licensed Embalmer No. *3653*  
..... P. O. Address *St. Louis, Mo.*

**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.**