S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3538

Registration District No. 784 Primary Registration District No. 202 Registrar's No. 313

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. Jan. 23, 1942 (Specify whether years, months or days)
In this community Since Jan. 23, 1942.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County:
(c) City or town: Salem (If outside city or town limits, write "RURAL")
(d) Street No.: West Singer Street (If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME: Sam HILL
3. (b) If veteran, name war: World War
3. (c) Social Security No.: Unknown
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Bessie
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: January (Month) 28, (Day) 1895 (Year)
8. AGE: Years 47 Months 0 Days 11 If less than one day hr. min.
9. Birthplace: Marion County, (City, town, or county) Illinois. (State or foreign country)
10. Usual occupation: Tile Setter
11. Industry or business: -
FATHER 12. Name: James Hill
FATHER 13. Birthplace: (City, town, or county) Illinois (State or foreign country)
MOTHER 14. Maiden name: Martha Easley
MOTHER 15. Birthplace: (City, town, or county) Illinois (State or foreign country)
16. (a) Informant: M. Schelling
(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 2-12-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Salem, Ill
18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Ave.
19. (a) FEB 11 1942 (Date received local registrar) (b) C. H. McLaughlin M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9th, year 1942 hour 10:15 minute p. M.
21. I hereby certify that I attended the deceased from January 23, 1942 to February 9, 1942; that I last saw him alive on February 9, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary arteriosclerotic heart disease, cardiac enlargement, myocardial damage and myocardial insufficiency.	Unkn.
Due to: -	
Other conditions: - (Include pregnancy within 3 months of death)	

Major findings:
Of operations: -
Of autopsy: No autopsy.

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): no
(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: L. M. COCHRAN, M.D. (M.D. or other)
Address: Chief Medical Officer. Date signed 2/10/42

(Licensed Embalmer's Statement on Reverse Side)

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. Wm Binkley

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.