

FILED MAR 17 1942 791

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: **Christian 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 **Missouri** (b) County **11 000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4449a Easton Ave.**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Fred Mason Hill,**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **488-07-8477**

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

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

7. Birth date of deceased.....
(Month) **May** (Day) **29** (Year) **1886**

8. AGE: Years **55** Months **8** Days **18** If less than one day hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business **International Shoe Co.**

12. Name **Fred Hill**

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

14. Maiden name **Etta**

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

16. (a) Informant **German Woods**

(b) Address **4449a Easton Ave.**

17. (a) **Burial** (b) Date thereof **2 -19-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Cullinane Bros.**

(b) Address **1710 N. Grand Blvd.**

19. (a) **FEB 18 1942** (b) **J. T. Dreddeck**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **16**
year **1942** hour **12** minute **45** P. M.

21. I hereby certify that I attended the deceased from **January 2** to **February 16**
that I last saw him alive on **February 16** and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Thrombosis**
Chronic Brights
disease
arteriosclerosis of lungs
Other conditions: **Arterio Sclerosis**
(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?

23. Signature **W. M. Egan** (M. D. or other) **md**
Address **4356 Yarrow Ave** Date signed **2/17/42**

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.....

Fred Frick

Licensed Embalmer No..... 3186.....

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.