

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED MAR 10 1942

Registration District No.

Primary Registration District No.

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 **Admitted 1/20/42**  
(Specify whether years, months or days)  
In this community **Since 1/20/42**

3. (a) PRINT FULL NAME **Homer H. Hill**

3. (b) If veteran, name war **Spanish-American** 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 **Daisy B.** 6. (c) Age of husband or wife if alive **35** years  
7. Birth date of deceased **June 30, 1876**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**65 8 3** hr. min.

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

10. Usual occupation **Bartender**

11. Industry or business

MOTHER FATHER { 12. Name **Unavailable**  
13. Birthplace **Unavailable** 9  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unavailable**  
15. Birthplace **Unavailable** 9  
(City, town, or county) (State or foreign country)

16. (a) Informant **M. Schullig**  
(b) Address **Clinical Clerk, VAF, Jeff. Bks. Mo.**  
17. (a) (Burial, cremation or removal) (b) Date thereof **3-3-42**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Paragould Ark.**

18. (a) Signature of funeral director **Paragould Ark.**  
(b) Address **Paragould Ark.**  
19. (a) **MAR - 8 1942** (b) **E. P. Mc...**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Arkansas** (b) County **777**  
(c) City or town **Paragould** **03**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **617 East Court Street.** **0**  
(If rural, give location)  
(e) Citizen of foreign country? **-** (Yes or No)  
If yes, name country **-**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **3rd.**  
year **1942** hour **10:30** minute **a.** M.

21. I hereby certify that I attended the deceased from **January 20, 1942** to **March 3, 1942**  
that I last saw him alive on **March 3, 1942**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis, pulmonary, chronic, active, far advanced.** Duration **Unknown**

Due to **-**

Due to **-**

Other conditions **-**  
(Include pregnancy within 3 months of death)

Major findings: **No Operation.**

Of autopsy **Autopsy refused.**

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?

While at work (Specify place of injury) (c) Nature of injury

23. Signature **L. M. COCHRAN, M.D.,** (M. D. or other)  
Address **Chief Medical Officer** Date signed **3/3/42**

707 (Licensed Embroider's Statement on Reverse Side)

*per Dr. Michaelson, M.D.*

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

APR 30 1947

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**