

STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No.

Primary Registration District 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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 10 Hrs.
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT
FULL NAME

Hill

3. (b) If veteran,

name war.....

3. (c) Social Security

No.....

4. Sex Female 5. Color or
race Negro

6. (a) Single, widowed, married,
divorced..... 6

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if

alive..... years

7. Birth date of deceased..... 4
(Month)

9 42
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

NB

2 hr. 15 min.

9. Birthplace..... St. Louis
(City, town, or county)

Missouri
(State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name..... Luther Hill

13. Birthplace..... Blythville Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name..... Cherry Mills

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

16. (a) Informant..... Luther Mary Howard

(b) Address..... 2601 N. Whittier Street

17. (a)..... (b) Date thereof..... APR 30 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... City Health Dept

(b) Address.....

19. (a) APR 29 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 1000
(c) City or town..... St. Louis 25 17
(If outside city or town limits, write "RURAL")
(d) Street No..... 812 Biddle Street 9
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... 4 day..... 9
year..... 42 hour..... 12 minute..... Noon M.

21. I hereby certify that I attended the deceased from..... 4 - 9
..... 42..... 19..... to..... 4 - 9..... 19 42
that I last saw her..... alive on..... 4 - 9..... 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death..... Prematurity

Duration

Due to..... Unknown

Due to..... Unknown 159

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

Major findings:

Of operations.....

Of autopsy.....

PHYSICIAN

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

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)
(a) Means of injury..... 0

23. Signature..... [Signature] (M. D. or other)

Address..... 2601 N. Whittier St. Date signed.....

(Licensed Embalmer's Statement on Reverse Side)

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

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.