S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 25 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15482

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1067

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Pattonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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 St. Louis 96
(c) City or town Pattonville 0
(If outside city or town limits, write "RURAL")
(d) Street No. St. Chas. Rk Rd. 0
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Kenneth W. Hill

3. (b) If veteran, name war --

3. (c) Social Security No. 488-05-0033

4. Sex MO

5. Color or race W.

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

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

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Aug. 4, 1880 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	9	10	hr. min.

9. Birthplace Greenville, Ill (City, town, or county) (State or foreign country)

10. Usual occupation Electrical Worker

11. Industry or business Adv. Co.

FATHER
12. Name David Hiller
13. Birthplace Greenville, Ill (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ora A. Walker
15. Birthplace Greenville, Ill (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edith Hill
(b) Address St. Charles and Adie Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Heiligtag Fun. Home
(b) Address Kirkwood Mo.

19. (a) MAY 18 1942 (Date received local registrar) (b) C. H. McGarron MD (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1942 hour 7:45 minute P. M.

21. I hereby certify that I attended the deceased from Sept 5, 1941, to May 14, 1942 that I last saw him alive on May 14, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Rectum	2 yrs.
Due to	
Due to 46d	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Carcinoma Rectum Inoperable (colostomy)
Of 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)
(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 0

23. Signature Everett J. Javaux (M. D. ~~or other~~)
Address 607 No. Grand Blvd Date signed 5-15-42

(Licensed Embalmer's Statement on Reverse Side)

MAY 26 1942

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 Elmer Heiligtag

Licensed Embalmer No. 3571

P. O. Address Timmonsville Sc

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.