

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19655

State File No.

5990

Registrar's No.

FILED JUL 20 1948 791

Registration District No.

Primary Registration District No.

1003

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:
2908 Park Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 40 Years years, months or days)

3. (a) PRINT
FULL NAME

Hester Hill

3. (b) If veteran,
name war None

3. (c) Social Security
No. None

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married,
divorced Married
6. (b) Name of husband or wife Thomas A. 6. (c) Age of husband or wife if
alive 74 years
7. Birth date of deceased Sept. 5, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 10 8 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Elijah Brawley

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

14. Maiden name Mary Jane Colvey

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

16. (a) Informant Thomas A. Hill

(b) Address 2908 Park Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15, 1948
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director A. H. McLaughlin

(b) Address 2301 Lafayette

19. (a) JUL 15 1948 (b) J. F. Brudack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2908 Park Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1948 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1,
1941 to July 13, 1948
that I last saw him alive on July 12, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 1 day
Due to Arteriosclerosis, Heart
Disease & Hypertension
Due to None

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

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)

23. Signature Albenna M.D. (M. D. or other) 7/14/48
Address 529 N. Grand Date signed

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 Paul A. Keith

Licensed Embalmer No. 3617

P. O. Address 2317 Lafayette

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.