

FILED SEP 18 1942
318

Registration District No.

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town **St. Louis, Mo.**

(c) Name of hospital or institution: **Hoger Phillips Hospital**

(d) Length of stay: In hospital or institution **2 mos., 28 days**

In this community **147 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis,**

(d) Street No. **3024a Thomas**

(e) Citizen of foreign country?..... (Yes or No)

3. (a) PRINT FULL NAME **John Hill**

3. (b) If veteran, name war..... 3. (c) Social Security No. **1362021**

4. Sex **male** 5. Color or race **Coed** 6. (a) Single, widowed, married, divorced **9**

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Jan 1 1875**

8. AGE: Years **67** Months **8** Days **2** If less than one day hr. min.

9. Birthplace **ala 1**

10. Usual occupation **Unknown**

11. Industry or business.....

MOTHER FATHER

12. Name **acie Steel**

13. Birthplace **ala 1**

14. Maiden name **Eella (2)**

15. Birthplace **ala 1**

16. (a) Informant **St. Vincent de Paul Society**

(b) Address **3024 Thomas**

17. (a) **Burial** (b) Date thereof **9 10 1942**

(c) Place: burial or cremation **Celvar**

18. (a) Signature of funeral director **J. P. Harrison**

(b) Address **2906 Lawton**

19. (a) **SEP 9 1942** (b) **J. P. Bredick**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September 3,** year **1942** hour **7** minute **15** A. M.

21. I hereby certify that I attended the deceased from **June 5,** 19 **42** to **September 3,** 19 **42** that I last saw him alive on **September 3,** 19 **42** and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Heart Disease with Decompensation**

Due to.....

Due to.....

Other conditions.....
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?.....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (e) Means of injury.....

23. Signature **J. P. Smith** (M. D. or other).....
Address **2601 Whittier** Date signed **9/8/42**

Duration **Unk.**
PHYSICIAN
Underline the cause to which death should be charged statistically.

1505281

[Handwritten signature]

5 7 70

STATEMENT BY LICENSED EMBALMER

[Handwritten signature]

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..... 4078

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.