

FILED NOV 23 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9533

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4125R Enright Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 7 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 119  
(d) Street No. 4125R Enright Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Milton Castle Hillis

3. (b) If veteran, name war: -- 3. (c) Social Security No. 494-09-2969

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Helen Hillis 6. (c) Age of husband or wife if alive 30 years  
7. Birth date of deceased June 22nd, 1910  
(Month) (Day) (Year)

8. AGE: Years 32 Months 4 Days 2 If less than one day, hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Porter

11. Industry or business W. H. Straub and Co.

12. Name Mitchell Hillis

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

14. Maiden name Retha Castle

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

16. (a) Informant Helen Hillis

(b) Address 4125r Enright Ave.

17. (a) Burial (b) Date thereof 11-16-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave.

19. (a) NOV 16 1942 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 12th.  
Year 1942 hour 7.30 minute P. M.

21. I hereby certify that I attended the deceased from 11/7/42  
1942 to November 12th, 1942  
that I last saw him alive on November 11th, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death La Grippe  
Pneumonia  
La Grippe

Duration 8 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature J. F. Bredbeck (M. D. or other) \_\_\_\_\_  
Address 2330a Franklin Ave. Date signed 11-13-42

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

MOTHER FATHER

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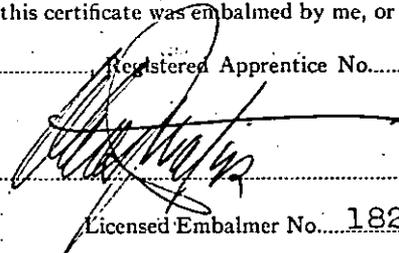
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Chas. J. Gates

Registered Apprentice No.....

working under my personal supervision.

Signed.....  


Licensed Embalmer No. 1825

P. O. Address. 4107 Finney Ave.

**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.**