

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41945

State File No. 2

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2574

1. PLACE OF DEATH:

(a) County. St. Louis
(b) City or town. Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1538 Irving 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. _____
years, months or days)

3. (a) PRINT FULL NAME GILBERT I. HILL.

3. (b) If veteran, name war. None
3. (c) Social Security No. 494-03-9152

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Bessie Hill. 6. (c) Age of husband or wife if alive. 55 years

7. Birth date of deceased. December 25, 1875.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 11 11 hr. min.

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

10. Usual occupation. Retired

11. Industry or business. Foreman Construction.

12. Name. John Hill.

13. Birthplace. Roane County, Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name. Mary Randolph.

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

16. (a) Informant. Mrs. Bessie Hill.

(b) Address. 1538 Irving Ave.

17. (a) Burial (b) Date thereof. 12-8-1942.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Lake Charles Cemetery.

18. (a) Signature of funeral director. Geo. L. Pleitsch Inc.

(b) Address. 5966-68 Easton Ave.

19. (a) DEC 8 1942 (b) E. S. McKinnon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. St. Louis
(c) City or town. Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 1538 Irving Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th.
year 1942. hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov. 16
1942 to Dec 6 1942
that I last saw him alive on Dec 6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral hemorrhage. Duration _____

Due to. Hypertension

Due to. 82a1

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

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? _____ (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. _____

23. Signature. H. S. McKinnon (M.D. or other) _____

Address. 1506 N. Hodiamont Date signed 12/7/42

Dr. Hawker.
1508 Hodiament Ave.

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.....

Geo. L. DeLoach

Licensed Embalmer No. 837

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.