

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

REC FEB 1 1943 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, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5102 Maple Avenue.
(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 Illinois (b) County Peoria

(c) City or town Peoria
(If outside city or town limits, write "RURAL")

(d) Street No. 201 Isabelle Avenue.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 2

3. (a) PRINT FULL NAME Jennie M. Hill

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

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1943 hour 8 minute 30 AM

21. I hereby certify that I attended the deceased from.....
19..... to..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Silas B. Hill

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

7. Birth date of deceased July 16, 1872
(Month) (Day) (Year)

Immediate cause of death.....
Coronary Sclerosis
Atherosclerosis

Due to.....

Due to.....

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

8. AGE: Years Months Days If less than one day

70	5	5 hr. min.
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9. Birthplace Jacksonville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER {

12. Name Joseph Fernandez

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

14. Maiden name Mary Gomez

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

16. (a) Informant Mrs. Faith Montgomery

(b) Address 5102 Maple Avenue.

17. (a) Removal (b) Date thereof 1/21/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peoria, Illinois

18. (a) Signature of funeral director Albert H. Honpe, Inc

(b) Address 4700 Washington Blvd.

19. (a) JAN 21 1943 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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)

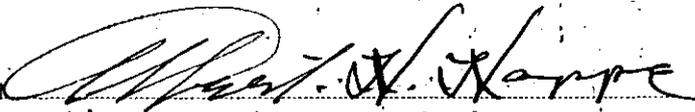
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

23. Signature Alfred G. Perry (M. D. or other).....
Address Peoria, Ill. Date signed 1/21/43

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



Licensed Embalmer No. 1861

P. O. Address.....

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.