

Registration District No. 100

Primary Registration District No. 100

Registrar's No. 743

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Brentwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
9382 Golden Gate
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 25 yrs. (Specify whether years, months or days)

In this community 25 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 9382 Golden Gate
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Bertha Hill,

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

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1943 hour 3 minute P. M.

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

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

7. Birth date of deceased May 9 1883.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 15-24, 1943, to March 26 1943 that I last saw h. in alive on March 26 1943 and that death occurred on the date and hour stated above.

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

59 10 17 hr. min.

Immediate cause of death Carcinoma of the Siver and pancreas

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation H. W.

11. Industry or business

12. Name Geo. Maness,

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

14. Maiden name Serena Maness,

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

16. (a) Informant Wm. H. Hill,
(b) Address 9382 Golden Gate,

17. (a) burial (b) Date thereof 3/29/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Centy.

Major findings: Of operations 46%

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?

18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address Kirkwood, Mo.

19. (a) 3-30-43 (b) E. G. McSarran
(Date received local registrar) (Registrar's signature)

23. Signature Newton Allen (Specify type of place) (City or town) (County) (State) (or other)
Address 8825 A. Manchester Date signed 4-27-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. Allan

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.

Signature

Louis H. Papp

Licensed Embalmer No.....

P. O. Address.....

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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.