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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 5202
Registrar's No.

Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County
(b) City or town. ST. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Died in ambulance en-route to City Isolation
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Gerald Dean Hill

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife nil 6. (c) Age of husband or wife if alive years (Month) (Day) (Year)
7. Birth date of deceased Feb 4 1934

8. AGE: Years Months Days If less than one day
9 4 1 hr. min.

9. Birthplace Ripley County Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business School

MOTHER FATHER
12. Name Eugene Hill
13. Birthplace Ripley County Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name PEARL ARIBETT
15. Birthplace Richland County Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Eugene Hill
(b) Address 3922 Delmar Blvd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 7 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Naylor, Mo.

18. (a) Signature of funeral director Wash Funeral Home
(b) Address Naylor, Missouri
19. (a) JUN 7 1943 (Date received local registration) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17 19
(c) City or town ST. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3922 Delmar Blvd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 5
year 1943 hour 1 minute 20 P.M.

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.

Immediate cause of death Bronchopneumonia
Due to Measles

Due to _____
Other conditions 2.5
(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) (e) Means of injury _____
23. Signature Wash (M. D. or other)
Address Naylor, Mo. Date signed 6/7/43

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.....

William J. Hines

Licensed Embalmer No.....

4319

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.