S. No. 2
M—2-43
5-17-39
1 X3

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 9 1943 318

1003

State File No. 16213

Registration District No.

Primary Registration District No.

Registrar's No. 5042

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Firmin Desloge Hosp.
(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 Mo. (b) County 000 17 76
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5106 Wells Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William R. Hill
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Augusta
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased February (Month) 10 (Day) 1887 (Year)

8. AGE: Years 56 Months 3 Days 21 If less than one day ... min.

9. Birthplace Streator (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Electrician
11. Industry or business
FATHER
12. Name Thomas Hill
13. Birthplace England (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Amans
15. Birthplace Penn. (City, town, or county) (State or foreign country)
16. (a) Informant Augusta Hill
(b) Address 5106 Wells Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem
18. (a) Signature of funeral director Chas. F. Stuart
(b) Address 225 Union Blvd.
19. (a) JUN 1 1943 (Date received local registrar) J. F. Brideck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 31
year 43 hour 5 minute 40 A.M.
21. I hereby certify that I attended the deceased from 3-4, 1943 to 5-31, 1943
that I last saw him alive on 5-31, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia-Left	2 days
Due to Thrombosis of Pulmonary artery	Uncertain
Due to Arteriosclerotic Heart Disease	Uncertain
Other conditions Cirrhosis of Liver (Include pregnancy within 3 months of death)	Uncertain

Major findings:
Of operations 124
Of autopsy Confirmed diagnoses given above.

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature G. O. Brown (M. D. or other) MD
Address 1325 S. Grand Date signed 5/31/43

(Licensed Embalmer's Statement on Reverse Side)

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. 2971

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.