

FILED SEP 28 1943 18

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 8297

1. PLACE OF DEATH:

(a) County St. Louis, Mo
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 weeks
In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 18
(c) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1301 S. Compton
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES H HILTON

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mattie Hilton 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Mar 14 1875
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Cigar Store

11. Industry or business _____

MOTHER FATHER { 12. Name James Hilton
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Opie Spafford
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. James H. Hilton

(b) Address 5816 7th Welsh

17. (a) Burial (b) Date thereof 9/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director J. F. Beedeck

(b) Address 4212 St. Louis Ave

19. (a) SEP 18 1943 (b) J. F. Beedeck
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16
year 1943 hour 3 minute 15 P.

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 Pyemia about the fracture of left femur at the upper end, fracture, chest, Chronic Indurated Hepatitis, which deceased fell from the curb to the asphalt paved street in front of 3969 Folsom Ave July 2nd 1943
Other conditions about 2 1/2 hrs
(Include pregnancy within 3 months of death)

Major findings: Of operations 186 Of autopsy 39

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) Accidental
(b) Date of occurrence July 2, 1943
(c) Where did injury occur? St. Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? no (Specify type of place) (a) Means of injury fall
23. Signature Alfred Perry (M.D. or other) _____
Address _____ Date signed 9/18/43

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

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 Jas A Howard
Licensed Embalmer No. 4139

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.