

7. S. No. 2  
00M-5-43  
Rev. 5-17-39  
I X36671

FILED FEB 28 1944  
Registration District No. **318**

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  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4909 Arlington Avenue  
(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)

In this community..... 30 yrs  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State..... Missouri (b) County.....  
 (c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No..... 4909 Arlington Avenue  
(If rural, give location)  
 (e) Citizen of foreign country?.....  
If yes, name country.....

**3. (a) PRINT FULL NAME**..... HAZEL I BILL

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

**4. Sex** Female **5. Color or race** White **6. (a) Single, widowed, married, divorced** Married

**6. (b) Name of husband or wife**..... Edward Bill **6. (c) Age of husband or wife if alive**..... 32 years

**7. Birth date of deceased**..... 2 10 1913  
(Month) (Day) (Year)

**8. AGE:**

|           |          |          |                      |
|-----------|----------|----------|----------------------|
| Years     | Months   | Days     | If less than one day |
| <u>31</u> | <u>0</u> | <u>4</u> | hr. _____ min.       |

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

**10. Usual occupation**..... Housewife

**11. Industry or business**.....

**12. Name**..... Logan A. Brown

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

**14. Maiden name**..... Emma May McClellan

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

**16. (a) Informant**..... Mr. E. Bill

**(b) Address**..... 4909 Arlington Avenue

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof**..... 2-16-1944  
(Month) (Day) (Year)

**(c) Place: burial or cremation**..... Ellsberry, Missouri

**18. (a) Signature of funeral director**..... Alexander & Sons Inc  
6175 Delmar Blvd.

**(b) Address**.....

**19. (a)** FEB 15 1944 **(b)** J. F. Brudick  
(Date received local Registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month February day 14th  
 year 1944 hour 4:00 a.m. minute \_\_\_\_\_ M.

**21. I hereby certify that I attended the deceased from** January 15th, 1944, to February 14, 1944,  
 that I last saw her alive on February 17, 1944,  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Sub Acute Bacterial Endocarditis  
Influenza  
Chorea  
 Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations..... None  
 Of autopsy..... None

**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?..... Means of injury.....

**23. Signature**..... Dr. James S. Austin (M.D. or other) JD  
 Address..... 4390 Leudell Blvd Date signed..... 2/15/44

**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.....

*Thomas P. Fenwick*

Licensed Embalmer No. *3793*

P. O. Address *Shous 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.**