

No. 2
 M-5-43
 y. 5-17-39
 X36871

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED SEP 20 1944
 318

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 29424
 Registrar's No. 7921

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
 (a) County St. Louis, Missouri
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days
(Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County W.M.
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3731 Morganford
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country no

In this community no years, months or days
 3. (a) PRINT FULL NAME Anna Hill
 3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 13th
 year 1944 hour 4 minute 00 P. M.
 21. I hereby certify that I attended the deceased from 9/7/44
 1944 to Sept. 13th 1944
 that I last saw her alive on Sept. 13th 1944
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Louis 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased February 15, 1860
(Month) (Day) (Year)

Immediate cause of death Carcinoma of cervix
 Duration 7 yrs.
 Due to HSA
 Due to HSA
 Other conditions HSA
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
84 6 28 hr. min.

PHYSICIAN
 Major findings:
 Of operations HSA
 Of autopsy HSA

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

10. Usual occupation Housewife

11. Industry or business Unknown

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. George Kohl

(b) Address 3731 Morganford

17. (a) Burial (b) Date thereof 9-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Oscar J. Hoffmeister
 (b) Address 4016 Chippewa St.

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 Robert E. Salt (M. D. or other) M. D.
1515 Lafayette Date signed 9/13/44
 Address _____

19. (a) SEP 15 1944 (b) J. P. Bredet
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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.

Filed separately

Signed.....

Licensed Embalmer No.....

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.