

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35981

State File No. _____

FILED NOV 30 1944
318

Registration District No. _____

Primary Registration District No. _____

100

Registrar's No. 9870

1. PLACE OF DEATH:

(a) County _____
 (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:
Homer G. Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
 (Specify whether
 In this community 24 years
 years, months or days)

3. (a) PRINT
FULL NAME

Henry Hill

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex MALE 5. Color or race negro
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased Nov 21 1889
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 55 11 29 hr. min.

9. Birthplace ATHENS Georgia
 (City, town, or county) (State or foreign country)

10. Usual occupation Labourer

11. Industry or business _____

12. Name Henry Hill Dr.
 13. Birthplace Georgia
 (City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace ga.
 (City, town, or county) (State or foreign country)

16. (a) Informant Celastine Surgett
 (b) Address 4188 West Belle
 17. (a) Burial (b) Date thereof Nov 23 44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Atkins Bros
 (b) Address 3644 E. Finney Ave
 19. (a) NOV 21 1944
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4188 West Belle
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19,
 year 1944 hour 3 minute 30 A. M.
 21. I hereby certify that I attended the deceased from November
17, 1944 to November 19, 1944
 that I last saw him alive on November 19, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Terminal
Coronary Arteriosclerotic Heart
disease. Undet.
 Due to _____

Due to _____
 Other conditions 94
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
 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 Alma Spence (M. D. or other)
 Address 2601 N. Whittier Date signed 11/22/44

(Licensed Embalmer's Statement on Reverse Side)

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

Louis V. Atkins

Licensed Embalmer No.

2842

P. O. Address

3644 Finney

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.