. S. No. 2
DM—8-43
v. 5-17-39
>I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 5 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35983
State File No.

Registration District No. 918 Primary Registration District No. 1002 Registrar's No. 10058

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: JOSEPHINE HEITKAMP HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community

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. 4842 SIGEL AV. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WILLIS E. HILL.
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 BEATRICE HILL
6. (c) Age of husband or wife if alive years
7. Birth date of deceased AUGUST (Month) 9 (Day) 1909 (Year)
8. AGE: Years 35 ~~36~~ Months 3 Days 16 If less than one day hr. min.
9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation SALESMAN
11. Industry or business, GOOD-YEAR RUBBER CO
FATHER 12. Name WILLIAM HILL
13. Birthplace MISSOURI (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name LILLIAN TIEMANN
15. Birthplace MISSOURI (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Beatrice Hill
(b) Address 4842 SIGEL AV.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 27/44 (Month) (Day) (Year)
(c) Place: burial or cremation NEW ST. MARCUS
18. (a) Signature of funeral director E. J. Schmur
(b) Address 3125 Lafayette Av.
19. (a) NOV 27 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25 year 1944 hour 5 minute AM.
21. I hereby certify that I attended the deceased from November 3-1944, 19, to November 24, 1944 that I last saw him alive on November 24, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Valvular Heart disease (of several years standing)	
Due to Following A Thyroidectomy 15 hours after operation.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 Clay Allen (M. D. or other)
Address 5912 S. Kingshighway Date signed 11-25-44

(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 Jos B Vollmer

Licensed Embalmer No. 2014

P. O. Address St Louis 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.