

S. No. 2
DM-8-43
v. 5-17-39
PI X37823

35984

#33221
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 15 1944

Primary Registration District No. 1003

Registrar's No. 10448

1. PLACE OF DEATH:
(a) County
(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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County MO
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1313a Clinton
(If rural, give location) 26
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Wilson Riley Hill
3. (b) If veteran, name war no 3. (c) Social Security No. none
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Henrietta 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 10th 1882
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 6th
year 1944 hour 1:35 minute 11/24/44 P. M.
21. I hereby certify that I attended the deceased from Dec. 6th 44
....., 19....., to Dec. 6th 44
that I last saw him im alive on
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
61 11 26 hr. min.

Immediate cause of death Myocardial failure Duration
Due to 1. Cerebrovascular accident (?)
Due to 2. Myocardial infarction (?)
Other conditions Benign hypertrophy of prostate
(Include pregnancy within 3 months of death)

9. Birthplace Mt. Vernon, Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
12. Name Joseph Hill
13. Birthplace Mt. Vernon, Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Becke Simmons
15. Birthplace Mt. Vernon, Ill.
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Hazel Knee
(b) Address 1313a Clinton
17. (a) Burial (b) Date thereof 12-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cem.
18. (a) Signature of funeral director Leidner Und. Co.
(b) Address 2223 St. Louis Ave
19. (a) DEC 7 1944 (b) J. B. Predeck
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations
Of autopsy
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 W. H. [Signature] (D. or other)
Address 1515 Lafayette Date signed 12/6/44

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

John P. Buchholz

Licensed Embalmer No. *1672*

P. O. Address *2223 St. Louis*

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.