

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 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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 days
 In this community Life (Specify whether 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. 1430 N. Whittier
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Louis Alonzo Hill
 3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex MALE 5. Color or race COL. 6. (a) Single, widowed, married, divorced MAR.
 6. (b) Name of husband or wife Martha Hill 6. (c) Age of husband or wife if alive 31 years
 7. Birth date of deceased 11 24 1900
(Month) (Day) (Year)

8. AGE: Years 44 Months 2 Days 24 If less than one day — hr. — min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Laborer

11. Industry or business
 12. Name Harvey Hill
 13. Birthplace Dallas (City, town, or county) Texas (State or foreign country)
 14. Maiden name Agnes Humbell
 15. Birthplace Grevel (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Martha Hill
 (b) Address 28 46th Easton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-44
(Month) (Day) (Year)
 (c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director A. J. Walton
 (b) Address 2707 Stoddard

19. (a) DEC 29 1944 (Date received local registrar) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 18,
 year 1944 hour 4 minute 45 A. M.
 21. I hereby certify that I attended the deceased from December
9, 19 44, to December 18, 19 44
 that I last saw him alive on December 18, 19 44
 and that death occurred on the date and hour stated above.

Immediate cause of death Tabes Dorsalis
 Duration Unk.
 Due to 30 a
 Due to 30 a

Other conditions —
(Include pregnancy within 3 months of death)

PHYSICIAN
 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 J. B. Christian (M. D. or other)
 Address 2601 N. Whittier Date signed 12/19/44

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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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard St.

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.