

FILED JAN 31 1945  
Registration District No. 518

Primary Registration District No. 1002 Registrar's No. 542

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:  
Luthern Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution .....  
(Specify whether  
In this community life 0  
years, months or days)

3. (a) PRINT

FULL NAME George W. Hill  
3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife. Corinne Hill 6. (c) Age of husband or wife if alive 34 years  
7. Birth date of deceased. April 17, 1910  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
34 9 0 hr. 0 min.

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

10. Usual occupation Auto Salesman

11. Industry or business McDaniel Motor

12. Name Julius Hill  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Fannie Umberhane  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Corinne Hill

(b) Address 4424 Gannett

17. (a) Burial Reverend (b) Date thereof 1-22-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
St Pauls Ch.

(c) Place: burial or cremation Fendler Und. Co.

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Avenue

19. (a) JAN 18 1945 (b) J. J. Bredeck  
(Date received local registrar) (Registrar's signature)

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. 4424 Gannett  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17  
year 1945 hour 2 minute 15 M.

21. I hereby certify that I attended the deceased from .....  
....., 19....., to ..... 19.....;  
that I last saw h..... alive on ..... 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Adhesive Pericarditis  
Chronic Hypertrophic Myocarditis  
Due to .....  
Due to .....  
Other conditions:  
(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 John E. Hughes (M. D. or other) 3  
Address St. Louis, Mo. Date signed 1/14/45

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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..... *W E Morris* .....

Licensed Embalmer No. *3360* .....

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.**