

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:
162 Sidney St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ / _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis 923
(If outside city or town limits, write "RURAL")

(d) Street No. 162 Sidney St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert S. Hill

3. (b) If veteran, name war no

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1945 hour 4 minute 50 P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male () 5. Color or race White / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ollie Hill 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased January 9, 1877
(Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>11</u>	<u>27</u>	hr. _____ min.

Duration _____

Coronary Sclerosis
Arteriosclerosis

Due to _____

Due to 94

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

10. Usual occupation Watchman

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

Major findings: Of operations _____

Of autopsy _____

11. Industry or business American Car Foundry

12. Name Thomas Hill

13. Birthplace Tennessee /
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Tennessee /
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Ollie Hill

(b) Address Davisville Missouri

17. (a) Burial (b) Date thereof Jan. 11, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leasburg, Mo.

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) JAN 9 1945 J. F. Budeck
(Date received local registrar) (Registrar's signature)

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 _____ (Specify type of place) Means of injury _____

23. Signature Alfred Perry (M. D. or other) _____
Address _____ Date signed 1/8/45

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

MOTHER FATHER

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 *Wm. A. Stewart*.....

Licensed Embalmer No..... **3722**.....

P. O. Address..... **412 Duchouquette 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.