

0736  
S. No. 2  
FORM-2-43  
Rev. 5-17-39  
I X35097

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22055

FILED JUL 28 1945 818

State File No. 22055

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 6284

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: City Hospital  
Max C. Starkloff Memorial  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days  
(Specify whether years, months or days)

In this community 9 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 066

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

(d) Street No. 1432 South 3rd St.  
(If rural, give location)

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

3. (a) PRINT FULL NAME HILL, WILLIAM ALFRED

3. (b) If veteran, name war NIL

3. (c) Social Security No. UNK

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LUDIE HILL

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased DECEMBER 3 1881  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>7</u>	<u>16</u>	hr. min.

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

10. Usual occupation Laborer

11. Industry or business Lumber Co.

12. Name Samuel H. Hill

13. Birthplace UNK Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Lizzie Gunn

15. Birthplace UNK Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leticia Horton

(b) Address 1701 Ohio, East St. Louis, Ill

17. (a) Burial (b) Date thereof 7-22-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff Mo

18. (a) Signature of funeral director Albert H. Mipple

(b) Address 4202 Washington Blvd.

19. (a) JUL 20 1945 (b) J. J. Bredeek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19  
year 1945 hour 1:52 minute A M.

21. I hereby certify that I attended the deceased from July 10, 1945 to July 19, 1945  
that I last saw him alive on July 19, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Myocardial infarction

Due to arteriosclerosis

Due to hypertensive heart disease

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations 12/1

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 James J. South (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Avenue Date signed 7/19/45

Duration \_\_\_\_\_

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 *Robert G. Kupper*.....

Licensed Embalmer No. *2951*.....

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.**