S. No. 2
M—2-43
. 5-17-39
P I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 24 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25763

Registration District No. 318 Primary Registration District No. 3003 Registrar's No. 7045

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Children's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 21 DAYS.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103
(c) City or town Bloomfield
(If outside city or town limits, write "RURAL") NR
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HILL, JERRY LEE
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 7 (Month) 24 (Day) 44 (Year)

8. AGE: Years 1 Months 0 Days 15 If less than one day hr. min.

9. Birthplace DEXTER (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name EDWARD HILL
13. Birthplace MISSOURI (City, town, or county) (State or foreign country) (STODDARD County)
14. Maiden name VELMA DECK
15. Birthplace MISSOURI (City, town, or county) (State or foreign country) (STODDARD County)

16. (a) Informant J. FINNERAN
(b) Address 500 So KINGSHIGHWAY.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-9-45 (Month) (Day) (Year)
(c) Place: burial or cremation Bloomfield, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) AUG 10 1945 (Date received by registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 8 year 45 hour 10 minute 45 P.M.
21. I hereby certify that I attended the deceased from 7-19-1945 to 8-8-1945 that I last saw him alive on 8-8-1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ? Subdural Hemorrhage.	11 wk.
Due to	
Due to	
Other conditions Nephritis (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy

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

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? (e) Means of injury

23. Signature Gilbert B. Forbes (M. D. or other)
Address 500 So. Kingshighway Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....3575.....

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.