

34623

State File No. 2

Registration District No. 37 Primary Registration District No. 2002 Registrar's No. 2397

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Christian Old People's Home 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
 In this community 1 yr - 8 mo. - 12 da. Specify whether years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6600 Washington Ave. 5
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Dora S. Hill

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Chas Ewing Hill

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased: Aug. 27th 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>1</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER {

12. Name Frederick F. Schweke

13. Birthplace Milwaukee, Wisc. 1
(City, town, or county) (State or foreign country)

14. Maiden name Frederica Stiensmeyer

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

16. (a) Informant Mrs. E. Schmidt, Ass't. Supt.

(b) Address 6600 Washington Ave.

17. (a) Burial (b) Date thereof Oct 15, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1137 Hamilton Avenue

19. (a) 10-16-45 (b) E. M. Gannon M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10-13 day _____
 year 1945 hour 2:10 minute _____ P _____ M.

21. I hereby certify that I attended the deceased from Fish _____, 1944 to Oct 13 1945;
 that I last saw him alive on Sept 13 1945;
 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration 2 hr

Due to hypertension 8 30' ?

Due to _____

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

Major findings:
 Of operations _____

Of autopsy _____

PHYSICIAN _____
 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 [Signature] (M. D. or other) _____
 Address 605 N. Grand St. Date signed 10-18-45

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.....

Albert G. Happe

Licensed Embalmer No..... 2971

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.