S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

39276

FILED JAN 11 1946

State File No.

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 11714

1. PLACE OF DEATH:
(a) County St louis, Mo,
(b) City or town City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution pronounced dead at ~~2839 xx Delmar~~ Homer G. Phillips Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none,
In this community Seven years 3 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 017
(c) City or town St Louis (If outside city or town limits, write "RURAL") 19
(d) Street No. 3879 Bellman (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mr Garfield Hill
3. (b) If veteran, name war
3. (c) Social Security No. 720*14-0006

4. Sex Male 2 | 5. Color or race negro | 6. (a) Single, widowed, married, divorced Maried

6. (b) Name of husband or wife Sedalia Hill
6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased April 12, 1905 (Month) (Day) (Year)

8. AGE: 40 ~~28~~ Years | 8 ~~6~~ Months | 19 ~~20~~ Days | If less than one day ____ hr. ____ min.

9. Birthplace Unknown (City, town, or county) Ark 1 (State or foreign country)

10. Usual occupation labor

11. Industry or business

MOTHER
12. Name unknown
13. Birthplace Unknown (City, town, or county) 4 (State or foreign country)

FATHER
14. Maiden name Estella Carr
15. Birthplace unknown (City, town, or county) 4 (State or foreign country)

16. (a) Informant Esther L. Cole
(b) Address 2611 A, Dickson

17. (a) Burial, cremation, or removal January 4-1946 (b) Date thereof I-4-46 (Month) (Day) (Year)
(c) Place: burial or cremation Washington pcemetery

18. (a) Signature of funeral director Davis ans Broom
(b) Address 1405 Biddle

19. (a) JAN 3 1946 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31st year 1945 hour 8:55 minute P 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.

| Cause of death | Duration |
|---|---|
| Immediate cause of death: Dissecting Aneurysm of Aorta. | |
| Due to: | |
| 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 Alfred Berry (M. D. or other)
Address Date signed 1/2/46

(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 Chas. L. Boswell

Licensed Embalmer No. 2452

P. O. Address 2834 Gamble

**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.**