

7. S. No. 2  
DOM-5-43  
Rev. 5-17-39  
I X36571

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

State File No. **7546**  
Registrar's No. **1683**

**FILED MAR 1 1946**  
**318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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:  
**Homer G Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **31** hours  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Gertrude Hill**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **George W. Hill** 6. (c) Age of husband or wife if alive **78** years

7. Birth date of deceased **March 9th. 1895**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**50 11 7** hr. min.

9. Birthplace **Tennessee**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **Newton Blakemore**

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

14. Maiden name **Mollie Doaks**

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

16. (a) Informant **George W. Hill**

(b) Address **1015 N. 7th. Street**

17. (a) **Removed to L. S. Lane** (b) Date thereof **2-22-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Booker Washington**

18. (a) Signature of funeral director **M. McQueen**

(b) Address **3517 Laclede Avenue**

19. (a) **FEB 19 1946** (b) **J. F. Brumack**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **715 N Seventh St**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **15**  
year **1946** hour **4** minute **40 P** M.

21. I hereby certify that I attended the deceased from **2-14** 19**46** to **2-15** 19**46**  
that I last saw her alive on **2-15** 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebrovascular Accident - Hemorrhage** Unk  
**Chronic "ephritis"**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Hypertension** Unk  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy **No**

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 \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **O. J. Lauer** (M. D. or other) \_\_\_\_\_

Address **2601 N. Lohrman** Date signed **2/19/46**

**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.

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.**