

FILED SEP 31 1946

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:
6438 Scanlan Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life.
years, months or days

3. (a) PRINT FULL NAME Herbert H. Hill

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 married
(b) Name of husband or wife Adeline 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased August 5th, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 0 17 hr. min.

9. Birthplace Chicago Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

11. Industry or business _____

12. Name Charles Hill
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Ludlow
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Adeline Hill

(b) Address 6438 Scanlan Ave.

17. (a) Burial (b) Date thereof 8/26/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S. S. Peter & Paul

18. (a) Signature of funeral director J. L. Ziegenhein

(b) Address 7027 Gravois Ave.

19. (a) AUG 26 1946 (b) J. F. Bredeck
(Date and time of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County bas
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6438 Scanlan Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 22nd,
year 1946 hour 6 minute 55P M.

21. I hereby certify that I attended the deceased from July 17, 1946, to Aug 22, 1946
that I last saw him alive on Aug 19, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Coronary Thrombosis Indefinite
Due to _____

Arteriosclerosis Indefinite
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) _____
Means of injury _____

23. Signature C. V. Wilson M.D. (M. D. or other) M.D.
Address 3828 Swanton Ave Date signed 8-24-46

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 Frank J. Dwyer

Licensed Embalmer No. 2245

P. O. Address Bozons-2200

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.