

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **338706**

FILED NOV 25 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9650**

1. PLACE OF DEATH:

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

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

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Rebecca Hill** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **March 6 1861**
(Month) (Day) (Year)

8. AGE **85** Years **8** Months **4** Days If less than one day _____ hr. _____ min.

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

10. Usual occupation **Laborer**

11. Industry or business _____

12. Name **Alexander Hill**
13. Birthplace **Unknown Indiana**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Ivy**
15. Birthplace **Unknown Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **James Hill**

(b) Address **827 Howard Ave.**

17. (a) **Removal** (b) Date thereof **11-11-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oakland City, Indiana**

18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Blvd.**
19. (a) **NOV 12** (b) **J. F. Bredbeck**
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Indiana** (b) County **Pike**
(c) City or town **Winslow**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **10**
year **1946** hour **2** minute **108** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture of right hip
extremity when he fell
to the floor while attempting
to get out of bed. At home
on Nov. 9, 1946 about 9:00 p.m.**

Due to _____
Other conditions _____
(If death occurred 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) **Accident**
(b) Date of occurrence **Nov 9 1946**
(c) Where did injury occur? **At home**
(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)
(c) Means of injury **Coabin**
23. Signature **John E. Bredbeck** (M. D. or other) **3**
Address **1170 N. 1st St.** Date signed **11/11/46**

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

9650

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.