S. No. 2
f—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 26 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25641

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5784

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: Faith Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hours (Specify whether years, months or days)
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) ~~Street No.~~ 1500 a Pine Street 9
(If rural, give location)
25
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME OSCAR E. HILL
3. (b) If veteran, name war Nil
3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Nellie Hill
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased June 22, 1874 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	0	24	hr. min.

9. Birthplace Fayette County, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Hotel Manager
11. Industry or business Self

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

FATHER
14. Maiden name Marissa Donaldson
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Nellie Hill
(b) Address 1500a Pine Street
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation Fillmore, Illinois
18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue
19. (a) JUL 10 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 16th year 1947 hour 2:45 minute P. M.
21. I hereby certify that I attended the deceased from Jan. 10, 1946, 19..., to July 16, 1947, that I last saw him alive on July 16, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Myocarditis	2 yrs

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Jos. P. Berman (M. D. or other)
Address 1215 - No. Grand Date signed July 17 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Jos. Berman
1225 No. Grand Bl.

78143

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 C. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

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.