S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35846

FILED NOV 3 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9748

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 4348 Ashland Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 600
(c) City or town 4348 Ashland 17
(If outside city or town limits, write "RURAL")
(d) Street No. St Louis 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William B. Hill
3. (b) If veteran, name war World War I
3. (c) Social Security No.
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hosea Hill
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Aug (Month) 4 (Day) 1892 (Year)
8. AGE: Years 55 Months 2 Days 10 If less than one day hr. min.
9. Birthplace Conway (City, town, or county) Ark (State or foreign country)
10. Usual occupation Janitor
11. Industry or business
12. Name Thomas Hill (FATHER)
13. Birthplace Memphis Tenn (City, town, or county) (State or foreign country)
14. Maiden name Ellie Johnson (MOTHER)
15. Birthplace Grenada Miss (City, town, or county) (State or foreign country)
16. (a) Informant Hosea Hill
(b) Address 4348 Ashland
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Pk
18. (a) Signature of funeral director English Fun. Co
(b) Address 2831 Lucas Ave
19. (a) OCT 21 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 14th year 1947 hour 6 minute 45 A. 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.

	Duration
Immediate cause of death: Coronary thrombosis	
Due to:	
Due to:	
Other conditions (include pregnancy within 3 months of death):	

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 Patrick E. Taylor Dep Cor (M. D. or Coroner)
Address 1300 Clark Date signed 10-21-47

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

NOV 3 1947

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. 1 .....,

working under my personal supervision.

Signed. Benson English

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.