

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

36532

State File No.

Registrar's No.

FILED OCT 20 1947

Registration District No.

Primary Registration District No.

3069

2142

1. PLACE OF DEATH:

(a) County. ST. LOUIS
(b) City or town. Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. MARY'S
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 DAYS
(Specify whether years, months or days) 14 DAYS

3. (a) PRINT FULL NAME HELEN. M. HILL

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced. + 0
6. (b) Name of husband or wife. X 6. (c) Age of husband or wife if alive. X years
7. Birth date of deceased. SEPT 25 1947
(Month) (Day) (Year)

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

9. Birthplace. E ST LOUIS ILL
(City, town, or county) (State or foreign country)

10. Usual occupation. CHILD

11. Industry or business. GILBERT. HILL

12. Name. E ST LOUIS ILL

13. Birthplace. BETTY MEYERHOFF
(City, town, or county) (State or foreign country)

14. Maiden name. PERCY ILL

15. Birthplace. Mrs Frank Reinisch
(City, town, or county) (State or foreign country)

16. (a) Informant. 1501 College Ave

(b) Address. E ST LOUIS

17. (a) REMOVAL (b) Date thereof. 10-13-47
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. E. ST. LOUIS, ILL

18. (a) Signature of funeral director. Harry Robins

(b) Address. 417 N 8th ST LOUIS

19. (a) 10-13-47 (b) Leona C. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. ILL (b) County. ST. CLAIR 999
(c) City or town. E ST LOUIS 11
(If outside city or town limits, write "RURAL")
(d) Street No. 55 GOMPERS APT 0
(If rural, give location) 2
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. OCT day. 12
year. 1947 hour. 6 minute. 30 P. 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. Duration

Immediate cause of death. anoxia & dehydration 12 day

Due to. diarrhea
Due to. Put operative dressing of wound 12 day

Other conditions. 157m
(Include pregnancy within 3 months of death)

Major findings: Of operations. 157m

Of autopsy. 157m

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. P. M. Davis (M. D. or other)
Address. 654 N Grand Date signed. 10-13-47

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

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 MAE
....., Registered Apprentice No.
working under my personal supervision.

Signed

Frank Prokoff

Licensed Embalmer No.

4356

P. O. Address

St. Louis, Mo

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.