S. No. 300
M—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 22 1948
Registration District No. 377

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2002

State File No. 10968
Registrar's No. 628

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6208 Plymouth Avenue., 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36
(c) City or town St. Clair 3
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Frances Alice Hill

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife James Hill

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February (Month) 24 (Day) 1875 (Year)

8. AGE: Years 73 Months 0 Days 13 If less than one day hr. min.

9. Birthplace Franklin County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Nelson Stephenson
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Phelby Johnson
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Leonard Stephenson
(b) Address 6208 Plymouth Avenue.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/48 (Month) (Day) (Year)
(c) Place: burial or cremation Anaconda, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,

19. (a) 3-8-48 (Date received local registrar) (b) Cert E J Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1948 hour 9 minute 50 P.M.

21. I hereby certify that I attended the deceased from Oct 7, 1947, to Mar 7, 1948, that I last saw her alive on Oct 6, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis

Due to General Arteriosclerosis

Due to Hypertension

Other conditions Chr Cholecystitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 940

Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Samuel Wolff (M. D. or other) MD
Address 2906 No. Union Date signed 3/8/48

(Licensed Embalmer's Statement on Reverse Side)

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. John S. Kennedy

Licensed Embalmer No. 4194

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.