

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

11072

Registrar's No.

748

Registration District No.

Primary Registration District No.

6076

1. PLACE OF DEATH:

(a) County St. Louis County,
(b) City or town Manhasset Village.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
#8909 Eager Road.
(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

HOWARD WOOD HILL.

3. (b) If veteran,

name war.....

3. (c) Social Security No.

#486-01-7491.

4. Sex

Male.

5. Color or
race

White.

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

Married.

6. (b) Name of husband or wife

Lida Miller Hill.

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

32.

years

7. Birth date of deceased

November 13,

1910.

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

37.

4.

6.

hr.

min.

9. Birthplace

Smithville,

Missouri.

(City, town, or county)

(State or foreign country)

10. Usual occupation

Sales Department...

Pittsburgh Plate Glass Co.,

11. Industry or business

Edwin C. Hill.

12. Name

Chariton County, Missouri.

(City, town, or county)

(State or foreign country)

14. Maiden name

Annie Elizabeth May.

15. Birthplace

Platte County,

Missouri.

(City, town, or county)

(State or foreign country)

16. (a) Informant

Mrs Lida M. Hill.

(b) Address

8909 Eager Road.

17. (a)

Cremation.

(Burial, cremation, or removal)

(b) Date thereof

3/22/48.

(Month) (Day) (Year)

(c) Place: burial or cremation

Oak Grove Crematory.

18. (a) Signature of funeral director

C.R. Lupton & Sons.

(b) Address

#7233 Delmar Blv'd.

19. (a)

3-22-48

(Date received local registrar)

(b)

Carol A. Lupton

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri. St. Louis, 96
(a) State (b) County
(c) City or town Manhasset Village.
(If outside city or town limits, write "RURAL")
(d) Street No. 8909 Eager Road.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th,
year 1948. hour..... minute..... 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.

Immediate cause of death self-administered
carbon monoxide poisoning from a
gas range in kitchen of his apartment

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

PHYSICIAN

Underline
the cause of
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence March 19, 1948
(c) Where did injury occur? Richmond Heights, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public
place? Home (Specify type of place)
While at work? Asphyxia (Specify means of injury)

23. Signature Amel M. Willman (M.D. or other) 3

Address Clayton, Mo. Date signed 3/22/48

APR 20 1948
AUG 19 1948

VS
AUG 28 1948

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

Clarence H. Murray

Licensed Embalmer No.

4011

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.