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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 6 1948

Registration District No. 517

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 21697

Registrar's No. 1471

1. PLACE OF DEATH
(a) County St. Louis County
(b) City or town Wellston (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Vincents Sanitarium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County Cod
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 4227 Humphrey (If rural, give location) 9
(e) Citizen of foreign country? no (Yes or No) 11
If yes, name country

3. (a) PRINT FULL NAME Mrs. MARGARET HILL
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband ~~or wife~~ WILLIAM
6. (c) Age of husband ~~or wife~~ if alive 67 years
7. Birth date of deceased Feb (Month) 11 (Day) 1882 (Year)

8. AGE: 66 Years | Months 3 | Days 30 | If less than one day hr. min.

9. Birthplace ~~Ithaca New~~ DENVER, COLORADO (City, town, or county) (State or foreign country)
10. Usual occupation house wife
11. Industry or business At home
FATHER
12. Name John Kennedy ~~Ireland~~
13. Birthplace AUBURN, NEW YORK (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret Keough
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant Husband - Mr. Wm. Hill
(b) Address 4227 Humphrey
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY
18. (a) Signature of funeral director Wm. J. Robert L. & U. Co.
(b) Address 1905 So. Grand Blvd.
19. (a) 6-10-48 (Date received local registrar) (b) Cecil G. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 10 year 1948 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 24, 1948, to June 10, 1948; that I last saw her alive on 6/10/ 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	1 hr
Due to 940	
Due to	
Other conditions Involutional psychosis (Include pregnancy within 3 months of death)	2 months

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 W B Lytton (M. D. ~~or other~~)
Address St. Vincents Date signed 6/10/48

Jefferson City Printing Co. (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 Ronald O Yahnke

Licensed Embalmer No. 3917

P. O. Address Ft Louis Mis

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.