

FILED DEC 14 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10582

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution ROMER, P. PHILLIPS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community 0

3. (a) PRINT FULL NAME

GODFREY HILL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 5. Color or race COL
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 5 years
7. Birth date of deceased Nov 5 1890
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 25
If less than one day hr. min.

9. Birthplace MISS
(City, town, or county) (State or foreign country)

10. Usual occupation PORTER

11. Industry or business Unknown

12. Name HILL

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

14. Maiden name Maggie Lewis

15. Birthplace MISS
(City, town, or county) (State or foreign country)

16. (a) Informant BERTHA Wright

(b) Address 3234 PINE

17. (a) BURIAL (b) Date thereof Dec 7/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director A. GREEN

(b) Address 7214 DELMAR Blvd

19. (a) DEC 6 1948 (b) B. Blaster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. LOUIS
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3367 LUCAS
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Dec day 22
year 1948 hour 9:30 minute 00 M.

21. I hereby certify that I attended the deceased from 9:30 to 9:30, 1948, at 3367 Lucas

that I last saw him alive on Dec 22, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
decompensated

Due to 9:30

Due to 9:30

Other conditions 9:30
(Include pregnancy within 3 months of death)

Major findings:
Of operations 9:30

Of autopsy 9:30

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?

(e) While at work? No (Specify type of place)

(f) Means of injury 3

23. Signature Dr. Alfred J. Perry (M. D. or other)

Address Deputy Coroner Date signed 12-6-48

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.....

F. A. Green

Licensed Embalmer No. *2863*

P. O. Address.....

4214 Delmar Blvd

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.