S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 4 1948
Registration District No. 377

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38859
Primary Registration District No. ~~3064~~ 3063
Registrar's No. 2666

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town So. Kinloch 8
(If outside city or town limits, write "RURAL")
(d) Street No. Lix & Warren 1
(If rural, give location)
(e) Citizen of foreign country? (~~Yes~~ or No)
If yes, name country

3. (a) PRINT FULL NAME Earl Hill
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M 2
5. Color or race C
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Mamie
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 1 (Day) 1893 (Year)

8. AGE: Years 55 | Months 5 | Days 12 | If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Morgan Hill
13. Birthplace Columbia (City, town, or county) Tenn. 1 (State or foreign country)
MOTHER
14. Maiden name Ida
15. Birthplace (City, town, or county) 9 (State or foreign country)
16. (a) Informant St. Louis County Hosp. Records
(b) Address Clayton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Boyd Bros.
(b) Address S. Kinloch
19. (a) 11-16-48 (Date received local registrar) (b) Cecil A. Sharp M.D. (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. day 13
year 1948 hour 5 minute 45 A.M.
21. I hereby certify that I attended the deceased from October 23, 1948, to November 13, 1948
that I last saw him alive on November 13, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: bilateral terminal broncho pneumonia	
Due to: Carcinoma of esophagus & metastases to lungs.	
Due to	
Other conditions (Include pregnancy within 3 months of death) 46 a	

Major findings:
Of operations
Of autopsy Same

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 A
23. Signature H. Wetter (M. D. or other) MD
Address 601 Brentwood Date signed 11/13/48

(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 Gilbert G Tate, Registered Apprentice No. 107, working under my personal supervision.

Signed Edward A Flynn

Licensed Embalmer No. 4444

P. O. Address 4548a Page 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.

Lucas 7664