

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED DEC 23 1948

318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

41524

10796

Registration District No.

Primary Registration District No.

100

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2629 S. 13th
(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 HENRY HILL

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MAUDE 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased OCT 22 1870
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 19 If less than one day
hr. min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation CITY EMPLOYEE

11. Industry or business

12. Name JOHN HILL
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant MAUDE HILL
(b) Address 2629 S. 13th

17. (a) BURIAL (b) Date thereof DEC. 15 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.S. PETER + PAUL CH.

18. (a) Signature of funeral director Thos. Kuth & Son
(b) Address 2906 GRAVOIS ST. LOUIS MO

19. (a) DEC 14 1948 (b) J. B. Pasater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County.....
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2629 S. 13th
23 (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 11
year 1948 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from
Nov 14, 1946, to Dec 11, 1948;
that I last saw him alive on Dec 11, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration 2 days

Due to 83
Due to.....

Other conditions Hemiplegia (complete) 7 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
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?

While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature T. Chubowski (M. D. or other) MD
Address 2026 10th Date signed 12/14/48

PR 5669
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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.....

Harmon C. Hill

Licensed Embalmer No.....

4347

P. O. Address.....

2406 S. Francis

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.