

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED DEC 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41525

Registration District No.

Primary Registration District No.

1003

Registrar's No.

10711

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:
3745 LINDELL BLVD APT. 1306
(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 HYERS HILL

3. (b) If veteran, name war World War I 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife PAULINE HILL 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased JUNE 1 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 6 9 hr. _____ min.

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

10. Usual occupation RETIRED

11. Industry or business _____

MOTHER FATHER { 12. Name SOLON P. HILL
13. Birthplace UNKNOWN IN
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN WILMOTH
15. Birthplace CISNEY ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pauline Hill
(b) Address 3745 Lindell Blvd.

17. (a) BURIAL (b) Date thereof 12-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VANDALIA MO

18. (a) Signature of funeral director ALBERT H. HOPPE

(b) Address 4700 WASHINGTON BLVD

19. (a) DEC 10 1948 (b) J. B. Linscott
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3745 LINDELL BLVD
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 10
year 1948 hour 6 minute 30 AM

21. I hereby certify that I attended the deceased from JULY
1947 to DEC. 8, 1948
that I last saw him alive on DEC. 8, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary atherosclerosis acute
Coronary atherosclerosis 6 yrs.
Due to 20

Other conditions Ischemic heart disease 7 yrs
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
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)
(c) Means of injury _____

23. Signature Grace E. Berger (M. D. or other) MD
Address 114 N. Taylor Ave Date signed 12/10/48

DEC 10 1949

DEC 31 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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.