

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

State File No. 2799
Registrar's No. 290

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. <u>2799</u>		Registrar's No. <u>290</u>					
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>City</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>12 5151 WATERMAN AVE.</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5151 Waterman</u>													
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>			b. (Middle) <u>Nathaniel</u>			c. (Last) <u>Hill</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 9, 1949</u>				
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>		8. DATE OF BIRTH <u>Dec. 2, 1878</u>		9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Night Watchman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Rice-Stix Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Jonesborough, Ark.</u>				12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Nathaniel Hill</u>				13b. MOTHER'S MAIDEN NAME <u>Minnie Fisher</u>				14. NAME OF HUSBAND OR WIFE <u>Alice Wain Hill</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alice Hill</u>				ADDRESS <u>5151 WATERMAN.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarct</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis Bronchial Asthma Cardiac</u> DUE TO (c) <u>decompensation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH: <u>10 min.</u>	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>434.3</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?									
22. I hereby certify that I attended the deceased from <u>Feb</u> , 19 <u>45</u> , to <u>Jan 9</u> , 19 <u>48</u> , that I last saw the deceased alive on <u>Jan 9</u> , 19 <u>48</u> , and that death occurred at <u>1:20 P. m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>Paul K. Webb</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>721 Olive St. St. Louis #196</u>				23c. DATE SIGNED <u>1-10-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Jan. 11, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, COUNTY.</u>							
DATE REC'D BY LOCAL REG. <u>JAN 11 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander Sons, 6175 Delmar</u>						ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed Jose S. McCulloch

Signed.....
Student Embalmer

Licensed Embalmer No. 9860

P. O. Address 61739 Elm

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.