

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6281
1012

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 17	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 5752 Etzel 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5752 Etzel St. Louis			
3. NAME OF DECEASED (Type or Print) a. (First) Marie b. (Middle) E c. (Last) Hill		4. DATE OF DEATH (Month) (Day) (Year) Feb 8 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Oct 22 1869
9. AGE (In years last birthday) 79	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis 0
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Thomas Rodgers		13b. MOTHER'S MAIDEN NAME Malinda Oliver	
14. NAME OF HUSBAND OR WIFE Harry D. Hill			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Grace Hill		ADDRESS 5752 Etzel	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Mitral regurgitation ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bicuspid tumor aortic DUE TO (c) Fibroid tumor uterine II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. bedema 4/4	
INTERVAL BETWEEN ONSET AND DEATH 3 just 10 yrs or more several years			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 72x	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) 11 (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Dec 24 1948, to Feb 1 1949, that I last saw the deceased alive on Jan 16 1949, and that death occurred at 9:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE J. M. Black M. D. (Degree or title)		23b. ADDRESS 705 N. Kingshighway	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB 3 1949	
24c. NAME OF CEMETERY OR CREMATORY CALVARY		24d. LOCATION (City, town, or county) St. Louis (State) Mo.	
DATE FILED BY LOCAL REGISTRAR'S SIGNATURE J. B. Sasator		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. K. Kelly - 4586 J. M. J. J. J.	

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

5

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.....
Student Embalmer

Signed

James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.