

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6282

State File No. \_\_\_\_\_  
Registrar's No. 1468

|   |  |  |  |   |  |   |  |   |  |  |  |   |  |
|---|--|--|--|---|--|---|--|---|--|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>318</u>                  |  | PRIMARY REG. DIST. NO. <u>1005</u>  |  | State File No. _____  |  | Registrar's No. <u>1468</u>                       |  |  |  |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Mad</u> |  |   |  |   |  |  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>   |  |  | c. LENGTH OF STAY (in this place) _____  |   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> |  |   | 17   |  |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: # <u>4918 Rosalie Avenue</u>   |  |  |  | d. STREET ADDRESS (If rural, give location) <u>4918 Rosalie Avenue</u>  |  |   |  |   |  | 7  |  | 0   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>WILLIAM</u>  |  |  | b. (Middle) <u>B.</u>  |   |  | c. (Last) <u>HILL</u>   |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>2-12-49</u> |  |  |   |  |
| 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>White</u>              |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>   |  | 8. DATE OF BIRTH <u>11-23-84</u>  |  | 9. AGE (In years last birthday) <u>64</u>         |  | IF UNDER 1 YEAR Months _____ Days _____            |  | IF UNDER 2 HRS. Hours _____ Min. _____                                |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance Man</u>  |  |  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Ruberoid Co.</u>   |  | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>                          |  |   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>         |  |   |  |
| 13a. FATHER'S NAME <u>William B. Hill</u>   |  |  |  | 13b. MOTHER'S MAIDEN NAME <u>Mary Lueckenhoff</u>   |  |   |  | 14. NAME OF HUSBAND OR WIFE <u>Catherine Hill</u> |  |  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>   |  |  |  | 16. SOCIAL SECURITY NO. <u>494-09-2935</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Catherine Hill</u> ADDRESS <u>4918 Rosalie Ave.</u>      |  |   |  |  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)   |  |  |  |   |  |   |  |   |  |  |  |   |  |
| MEDICAL CERTIFICATION   |  |  |  |   |  |   |  |   |  |  |  |   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>   |  |  |  |   |  |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs.</u> |  |   |  |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.   |  |  |  |   |  |   |  |   |  |  |  |   |  |
| ANTECEDENT CAUSES   |  |  |  |   |  |   |  |   |  |  |  |   |  |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  |  |  |  |   |  |   |  |   |  |  |  |   |  |
| DUE TO (b) <u>malnutrition</u>  |  |  |  |   |  |   |  |   |  | <u>1 yr</u>  |  |   |  |
| DUE TO (c) <u>Gastric Ulcer</u>   |  |  |  |   |  |   |  |   |  | <u>10 yrs</u>                                      |  |   |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>54</u>   |  |  |  |   |  |   |  |   |  |  |  |   |  |
| 19a. DATE OF OPERATION _____  |  |  |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  |   |  |   |  |  |  | 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) _____ (COUNTY) _____ (STATE) _____                             |  |   |  |  |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____   |  |  | 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>Nov</u> , 19 <u>47</u> , to <u>Feb 12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-10</u> , 19 <u>49</u> , and that death occurred at <u>11 A.</u> m., from the causes and on the date stated above. |  |  |  |   |  |   |  |   |  |  |  |   |  |
| 23a. SIGNATURE <u>Dr. C. N. Lindeman</u> (Degree or title) <u>M.D.</u>  |  |  |  |   |  | 23b. ADDRESS <u>4126a Shreve Avenue</u>   |  |   | 23c. DATE SIGNED <u>2/14/49</u>                      |  |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>2-16-49</u>                   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>  |  |   | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u> |   |  |  |  |   |  |
| DATE REC'D BY LOCAL <u>FEB 15 1949</u>  |  | REGISTRAR'S SIGNATURE <u>J. B. Croater</u> |  |   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. Stock</u> ADDRESS <u>Mortuary, 2117 E. Grand</u>    |  |   |  |  |  |   |  |

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

Dr. Carl Lindeman  
4726<sup>a</sup> Moore St

WMM/10/5

**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 Frank A. Moore

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3041

P. O. Address 2117 E Grand

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.