

FILED JUL 5 1949

STANDARD CERTIFICATE OF DEATH

State File No.

5431

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 Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4368a Cook Ave.				d. STREET ADDRESS (If rural, give location) 11 4368A Cook Ave. 8			
3. NAME OF DECEASED (Type or Print)		a. (First) Hattie		b. (Middle) Beverly		c. (Last) Hill	
5. SEX Female 3		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Feb. 17, 1890	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 59		11. BIRTHPLACE (State or foreign country) Lake Village, Arkansas /	
13a. FATHER'S NAME William Beverly		13b. MOTHER'S MAIDEN NAME Emma Beverly		14. NAME OF HUSBAND OR WIFE none		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
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 ADDRESS Jackson Hill, 4591 Easton Ave.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS none Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH don't know	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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) 9800		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? H 22 2					
22. I hereby certify that I attended the deceased from 8-19-47, 19__, to 6-20-49, 19__, that I last saw the deceased alive on 6-1-49, 19__, and that death occurred at Noon m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Walter H. Soenenman M.D.		23b. ADDRESS 1506 St. Louis		23c. DATE SIGNED 6-20-49			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6-27-49		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) ST LOUIS CO. MO.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 23 1949		25. FUNERAL DIRECTOR'S SIGNATURE Ellis Funeral Home, 2820 Stoddard St.		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 _____

Fulton E. Culkin

Signed.....
Student Embalmer

Licensed Embalmer No. *198*

P. O. Address *St Louis 13 Mo*

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.