

27251

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 24 1949

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL ROCK TOWNSHIP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL ROCK TOWNSHIP</u>	
c. LENGTH OF STAY (in this place) <u>10 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>NEAR ARNOLD Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME - NEAR ARNOLD Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>THEODORE</u> b. (Middle) <u>HILL</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 10 - 49.</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED.</u>	8. DATE OF BIRTH <u>SEPT 27, 1875</u>
9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>13</u>	IF UNDER 1 YEAR Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>- -</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS MARTHA SCHATTINGER 4719 MADISON FRESNO CALIFORNIA</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wound of head.</u> ANTECEDENT CAUSES (Verdict of jury) <u>leg. his</u> <u>burn hand with his</u> <u>32-20 Colt revolver</u> DUE TO (b) <u>leg. his</u> DUE TO (c) <u>32-20 Colt revolver</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18. CAUSE OF DEATH (continued)		INTERVAL BETWEEN ONSET AND DEATH <u>29 1/2 X</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Arnold Jefferson Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 10 1949 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Shot himself</u>	
22. I hereby certify that I attended the deceased from <u>August 10</u> to <u>Aug 10</u> , 1949, that I last saw the deceased alive on <u>19</u> and that death occurred at <u>50</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Marie D. Mohr, Coroner</u>		23b. ADDRESS <u>St. Louis Mo.</u>	23c. DATE SIGNED <u>Aug 10 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>AUG 15 - 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LAKWOOD PARK Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>
DATE REC'D BY LOCAL REG <u>Aug 14 - 49</u>	REGISTRAR'S SIGNATURE <u>Phely Kirk Arnold</u>	5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HEILIGTAG FUNERAL HOME KIMMSWICK Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

District File Number _____
District Health Officer No. 9,
RECEIVED
AUG 22 1949

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 _____

Arthur H. Hildrey

Signed _____

Student Embalmer

Licensed Embalmer No. _____

3872

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.