No. 300
10.48

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

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10561

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2082

1. PLACE OF DEATH
a. COUNTY: St. Louis—Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS-MO
d. STREET ADDRESS (If rural, give location): 19 3924 ENRIGHT

2199 0

3. NAME OF DECEASED (Type or Print)
a. (First): Julia
b. (Middle):
c. (Last): Hill

4. DATE OF DEATH (Month) (Day) (Year): March 1 1950

5. SEX: FEMALE
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: MARCH 29-1907
9. AGE (In years last birthday): 42 | 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)
10b. KIND OF BUSINESS OR INDUSTRY: HOUSE WORK
11. BIRTHPLACE (State or foreign country): HOLLY SPRING-MISS!
12. CITIZEN OF WHAT COUNTRY?: ST. LOUIS-MO

13a. FATHER'S NAME: BUCK SUGGS
13b. MOTHER'S MAIDEN NAME: MADORA YARBROUGH
14. NAME OF HUSBAND OR WIFE: DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 493-20-9063
17. INFORMANT'S SIGNATURE OR NAME: William Jeffries
ADDRESS

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Undet.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Undetermined
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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): 331X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-25, 19 50, *to* 3-1, 19 50, *that I last saw the deceased alive on* 3-1, 19 50 *and that death occurred at* 2:45P m., *from the causes and on the date stated above.*

23a. SIGNATURE: James T. Kledroll (Degree or title) M.D.
23b. ADDRESS: 2601 N Whittier St
23c. DATE SIGNED: 3-2-50

24a. BURIAL, CREMATION, REMOVAL (Specify): B
24b. DATE: 3-6-50
24c. NAME OF CEMETERY OR CREMATORY: Washington Park
24d. LOCATION (City, town, or county) (State): St Louis Co Mo

DATE REC'D BY LOCAL REG. MAR 4 1950
REGISTRAR'S SIGNATURE: J B Sanders
25. FUNERAL DIRECTOR'S SIGNATURE: Lee J. Sneed
ADDRESS: 3615 Easton ave

(Licensed Embalmer's Statement on Reverse Side)

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 _____

_____, working under my personal supervision.

~~Student Embalmer No.~~ _____

Signed Leroy H. Bannister

Signed _____
Student Embalmer

Licensed Embalmer No. 4523

P. O. Address 3880 Easton Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.