

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 5 1950

28287

State File No. 7238

Registrar's No. 1007

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1007</u>		Registrar's No. <u>1007</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>8 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1118 Cottage</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) _____ c. (Last) <u>Hill</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 20 1950</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Sep.</u>		8. DATE OF BIRTH <u>August 18, 1919</u>	
9. AGE (In years last birthday) <u>31</u>		10. MONTHS <u>1</u>		11. BIRTHPLACE (State or foreign country) <u>Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hauler</u>		11. BIRTHPLACE (State or foreign country) <u>Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Frank Hill</u>			13b. MOTHER'S MAIDEN NAME <u>Fisher Gordon</u>			14. NAME OF HUSBAND OR WIFE <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unk</u>		16. SOCIAL SECURITY NO. <u>Unk</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Rhodes, 2601 N Whittier St</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>Malignant Nephrosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uremia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (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? <u>Hit by</u>			
22. I hereby certify that I attended the deceased from <u>8-13</u> , 19 <u>50</u> , to <u>8-20</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8-20</u> , 19 <u>50</u> and that death occurred at <u>11:55am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>2601 N Whittier St.</u>		23c. DATE SIGNED <u>8-21-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>8 AUG 29 1950</u>		24c. NAME OF FUNERAL HOME OR CEMETERY <u>Rowland Mortuary</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL _____		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Rowland Mortuary Service Inc. 4104 Manchester Ave. St. Louis 10, Mo.</u>			

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

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.