

FILED OCT 10 1950

STANDARD CERTIFICATE OF DEATH

31703  
State File No. 8037  
Registrar's No.

318

1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY St. Louis,	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri.		c. CITY (If outside corporate limits, write RURAL and give township) University City 5, 4576	
c. LENGTH OF STAY (in this place) 11 mos.		d. STREET ADDRESS (If rural, give location) 7145 Washington Bl'vd.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital.			

3. NAME OF DECEASED (Type or Print) MARGARET BARKER HILL.	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH Sep't 21, 1950.
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5. SEX Female!	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	8. DATE OF BIRTH March 13, 1862.	9. AGE (In years last birthday) 88.	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home.....	10b. KIND OF BUSINESS OR INDUSTRY .....	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Barker.	13b. MOTHER'S MAIDEN NAME Margaret Drysdale.	14. NAME OF HUSBAND OR WIFE John Hill.
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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. none.	17. INFORMANT'S SIGNATURE OR NAME John B. Hill, 7266 Creveling Drive.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 8 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>331 X</i>
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22. I hereby certify that I attended the deceased from *1949*, 1949 to *SEP 21*, 1950, that I last saw the deceased alive on *SEP 21*, 1950 and that death occurred at *1145 PM*, from the causes and on the date stated above.

23a. SIGNATURE <i>J. B. Lupton M.D.</i>	(Degree or title) U	23b. ADDRESS <i>4903 Delmar</i>	23c. DATE SIGNED <i>9-21-50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.	24b. DATE 9/22/50.	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery.	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.
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DATE REC'D BY LOCAL REG. SEP 22 1950	REGISTRAR'S SIGNATURE <i>J. B. Lupton</i>	25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons, 7233 Delmar Bl'vd.,	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

116 N. Chestnut St.

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

*Arnold W. Schoene*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, 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.