

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

XC 2 847 227

Reg. # 87919

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2084

1. PLACE OF DEATH a. COUNTY ST. LOUIS		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 JEFFERSON BRKS., MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO.	
c. LENGTH OF STAY (in this place) 5 days		2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		d. STREET ADDRESS (If rural, give location) 1508a ST. LOUIS AVE.	

3. NAME OF DECEASED (Type or Print). a. (First) JAMES	b. (Middle) J.	c. (Last) HILL	4. DATE OF DEATH (Month) (Day) (Year) AUGUST 31 1950
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 9-17-88	9. AGE (In years last birthday) 61	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER	10b. KIND OF BUSINESS OR INDUSTRY - - - - -	11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME WILLIAM HILL	13b. MOTHER'S MAIDEN NAME MARY STOLL	14. NAME OF HUSBAND OR WIFE - - - - -
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) YES	16. SOCIAL SECURITY NO. WW 1	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PERITONITIS		
	ANTECEDENT CAUSES DUE TO (b) RUPTURED BLADDER MULTIPLE URETHRAL STRICTURES DUE TO (c) MULTIPLE PERINEAL FISTULAE		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		608X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?
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22. I hereby certify that I attended the deceased from **8-26**, 19 **50**, to **8-31**, 19 **50**, and that death occurred at **8:50 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE L. E. STILLWELL, CHP. OF PROF. SERVICES.	(Degree or title)	23b. ADDRESS JEFFERSON BARRACKS, MO.	23c. DATE SIGNED 8-31-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Sept. 2nd, 1950	24c. NAME OF CEMETERY OR CREMATORY Walhalla Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, MO
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SEP 1 1950	25. FUNERAL DIRECTOR'S SIGNATURE LEIDNER FUNERAL HOME, 2223 St. Louis Ave.	ADDRESS St. Louis, Mo.
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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 _____

James B. Bardsley

Licensed Embalmer No.

Signed
Student Embalmer

City, State, 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.