

No. 300  
10-48

FILED NOV 10 1950

STANDARD CERTIFICATE OF DEATH

State File No. 35740

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2598

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Lemay		c. CITY (If outside corporate limits, write RURAL and give township) 47 OR TOWN Richmond Heights 4476	
c. LENGTH OF STAY (in this place) 10-MO.		d. STREET ADDRESS (If rural, give location) 7756 Wise Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mt. St. Rose Sanatorium			

3. NAME OF DECEASED (Type or Print) a. (First) Andrew b. (Middle) E. c. (Last) Hill			4. DATE OF DEATH (Month) (Day) (Year) Oct. 26, 1950		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH Oct. 3, 1899	9. AGE (In years (days birthday) Months Days) 51 6 23	# UNDER 1 YEAR # UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant-McQuay-Norris Corp.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. D	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME William Hill		13b. MOTHER'S MAIDEN NAME Mary Breen		14. NAME OF HUSBAND OR WIFE Mrs. Genevieve Hill	
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. 493-09-4327 <sup>NO.</sup>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Genevieve Hill, 7756 Wise Ave.	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis  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.		INTERVAL BETWEEN ONSET AND DEATH about 9 years  MIX	
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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)		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 12-27, 1949, to 10-26, 1950, that I last saw the deceased alive on 10-24-1950, and that death occurred at 12:15 AM, from the causes and on the date stated above.

23a. SIGNATURE Paul Urnsby (Degree or title) M.D.		23b. ADDRESS 508 N Grand		23c. DATE SIGNED 10-26-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 28, 1950		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
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DATE REC'D BY LOCAL REG. 10-27-50		REGISTRAR'S SIGNATURE Herbert R. Danke		FURNERAL DIRECTOR'S SIGNATURE Arthur J. Hennelly		ADDRESS 310 Lindell Blvd.	
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RWR (Licensed Embalmer's Statement on Reverse Side)

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

Thursday

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 \_\_\_\_\_

W Van Matre

Signed.....  
Student Embalmer

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.