

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 42376
11034

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				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 St. Louis,		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		2169			
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of the Poor, 3400 So. Grand Blvd.				d. STREET ADDRESS (If rural, give location) 3400 So. Grand Blvd.					
3. NAME OF DECEASED (Type or Print) Henry		a. (First) Hill		c. (Last) Hill		4. DATE OF DEATH (Month) (Day) (Year) December 23, 1950.			
5. SEX Male.		6. COLOR OR RACE White.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.		8. DATE OF BIRTH June 1, 1879			
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brewery Worker,		10b. KIND OF BUSINESS OR INDUSTRY Retired 5 Years,		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Frederick Hill,		13b. MOTHER'S MAIDEN NAME Anna Kaiser		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Cora Behrens, 5040 Idaho 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-Sclerosis. 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 1 yr 3 yrs.	
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) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X							
22. I hereby certify that I attended the deceased from Dec 19, 1950, to Dec 23, 1950, that I last saw the deceased alive on Dec 19, 1950, and that death occurred at 6:00A. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Edw J. Reilly, M.D.		23b. ADDRESS 607 No Grand		23c. DATE SIGNED 12/23/50					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial,		24b. DATE 12/26/50		24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery,		24d. LOCATION (City, town, or county) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. DEC 26 1950		REGISTRAR'S SIGNATURE R. B. Frazier		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

St. Louis, Mo.

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

11034

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 _____

2842 Meramec St.,
St. Louis, 18, 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.