Rev. 3-50
10-48

FILED DEC 30 1950

STANDARD CERTIFICATE OF DEATH

State File No. 12377

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9695

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glencoe
d. STREET ADDRESS (If rural, give location) 4990 Grand Ave

3. NAME OF DECEASED (Type or Print): a. (First) Hugh b. (Middle) Don c. (Last) Hill

4. DATE OF DEATH: (Month) (Day) (Year) 11 - 13 - 1950

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1 - 9 - 1914

9. AGE (In years last birthday): 36 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Diesel Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Steel Company

11. BIRTHPLACE (State or foreign country): Texas County Mo

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Ernest Hill

13b. MOTHER'S MAIDEN NAME: Edrie Kroenning

14. NAME OF HUSBAND OR WIFE: Edrie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 486-76-9347

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Edrie Hill Glencoe Mo

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) Crushed chest Laceration Lung
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) case left lung Ruptured small
DUE TO (c) & suffered when deceased was run over by tractor which deceased was driving while
II. OTHER SIGNIFICANT CONDITIONS working in plant at Koellen
Conditions contributing to the death but not related to the disease or condition causing death. Steel Co 6700 Manchester about

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 730 am May 13 1950 non Accident

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Factory

21c. (CITY, TOWN, OR TOWNSHIP) St Louis (COUNTY) Mo (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 13 50 730 A m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Fell

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1054 m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature]
23b. ADDRESS 1300 Clarence
23c. DATE SIGNED 11/14/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-16-50
24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery
24d. LOCATION (City, town, or county) (State) Pond Mo

DATE REC'D BY LOCAL REG. NOV 15 1950
REGISTRAR'S SIGNATURE J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home Ballwin Mo

(Licensed Embalmer's Statement on Reverse Side)

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 J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address St Louis 10 Mo

Signed.....
Student Embalmer

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.