

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22123**

No. 300  
10.48

**FILED JUL 16 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 728

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u>	
c. LENGTH OF STAY (In this place) <u>73 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>2209 Charles Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Fred</u>	b. (Middle) <u>Ernest</u>	c. (Last) <u>Hill</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>7 6 1951</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>3 10 1878</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Every kind of work done during most of working life, even if retired) <u>Garage Att. - (Ret.)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Swift and Co.</u>	11. BIRTHPLACE (State or foreign country) <u>St. Joseph Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>John C. Hill</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Murray</u>	14. NAME OF HUSBAND OR WIFE <u>Jennie L. Hill</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-0106810</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jennie L. Hill</u>	ADDRESS <u>2209 Charles</u>
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18. CAUSE OF DEATH (State only or cause per sec. 110a, 110b, 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 <u>11 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident, type undetermined.</u>		
	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 <u>331x</u>	20. AUTOPSY? YES <input 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 June 20, 1951, to July 6, 1951, that I last saw the deceased alive on July 4, 1951, and that death occurred at 2:25 a.m., from the causes and on the date stated above.

23a: SIGNATURE <u>Chas. W. Keray</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>520 Annie St. St. Joseph, Mo.</u>	23c. DATE SIGNED <u>7-10-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7 9 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 12, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casler</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Alexander</u>	ADDRESS <u>St. Joseph, Mo.</u>
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Wm. H. Alexander*

Licensed Embalmer No. 4450

P. O. Address St. Joseph, 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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

22/23

State File No. ....

Local Registrar's No. 728

State of Missouri }  
County of Buchanan } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 26th day of July, 1951, before me appears.....

Wm. H. Alexander, who, upon his oath, states that the original record of ~~Wm~~ death

for Fred Ernest Hill died July 6, 1951, in the State of

Missouri, and which was filed at St. Joseph, Mo. on 7/12/51, should be corrected as follows:

Item No..... should read.....

Instead of.....

Item No. 16 should read 495-01-6810

Instead of..... unknown

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Wm. H. Alexander Funeral Director  
Relationship.

1602 Messanie St., St. Joseph, Mo.  
Present Address.

Subscribed and sworn to before me this 26th day of July, 1951.

My Commission expires My Commission Expires April 12, 1955 Esther M. Allison Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.