

FILED DEC 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39144

BIRTH NO. 90282-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10264

1. PLACE OF DEATH  
a. COUNTY St. Louis  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS  
c. LENGTH OF STAY (in this place) 3 DAYS  
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CHILDRENS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE St. Louis Mo. b. COUNTY St. Louis  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2109  
d. STREET ADDRESS (If rural, give location) 3212 N. NEWSTEAD 0

3. NAME OF DECEASED  
a. (First) ELMER b. (Middle) DEWAYNE c. (Last) HILL  
4. DATE OF DEATH (Month) (Day) (Year) 11 17 51

5. SEX MALE 6. COLOR OR RACE COLORED 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) N 8. DATE OF BIRTH 11-4-51 9. AGE (in years last birthday) 13 IF UNDER 1 YEAR: Months Days Hours IF UNDER 1 MIN. Min.  
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) ST. LOUIS - Mo. 0 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME AUGUSTUS HILL 13b. MOTHER'S MAIDEN NAME HERMIT BLAND 14. NAME OF HUSBAND OR WIFE

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. 17. INFORMANT'S SIGNATURE OR NAME R. P. Harrison - son S. Kingham ADDRESS

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, asthma, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) meningitis due to E. Coli  
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 ruptured testis 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR 057.0

22. I hereby certify that I attended the deceased from 11-14, 1951, to 11-17, 1951, that I last saw the deceased alive on 11-17, 1951, and that death occurred at 12:18 P.M., from the causes and on the date stated above.

23a. SIGNATURE Dr. L. H. ... M.D. (Degree or title) 23b. ADDRESS Children's Hosp 23c. DATE SIGNED 11/18

24a. BURIAL CREMATION, REMOVAL (Specify) Buried 24b. DATE 11-20-1951 24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis County Mo.

DATE REC'D BY LOCAL REG. 11/19/51 REGISTRAR'S SIGNATURE J. Paul Smith 25. FUNERAL DIRECTOR'S SIGNATURE J. Baker & Son ADDRESS Funeral Home 3201 N. Newstead Ave.

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 Arthur L. Hilliard

Signed.....  
Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 4740<sup>th</sup> Leuppia

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.