

## STANDARD CERTIFICATE OF DEATH

State File No. 43022

11511

FILED JAN 14 1952

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri

c. LENGTH OF STAY (in this place)

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda General Hospital

d. STREET ADDRESS

(If rural, give location) 4426 West Pine Street

## 3. NAME OF DECEASED (Type or Print)

a. (First)

Louisa

b. (Middle)

Crow

c. (Last)

Hill

4. DATE OF DEATH (Month) (Day) (Year) December 25, 1951

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Single

## 8. DATE OF BIRTH

7/1/1870

9. AGE (In years last birthday)

81

# UNDER 1 YEAR Months Days # UNDER 1 MTH. Hours Min.

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

Spinster

## 10b. KIND OF BUSINESS OR INDUSTRY

None

## 11. BIRTHPLACE (State or foreign country)

St. Louis, Missouri

## 12. CITIZEN OF WHAT COUNTRY?

USA

## 13a. FATHER'S NAME

James Hill

## 13b. MOTHER'S MAIDEN NAME

Rebecca Clark

## 14. NAME OF HUSBAND OR WIFE

None

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

No

None

## 16. SOCIAL SECURITY NO.

None

## 17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Thomas Clay Hill 4426 West Pine St.

## 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)

ANTECEDENT CAUSES  
 Myocardial conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

## MEDICAL CERTIFICATION

Acute myocardial failure  
 due to (b) Chronic myocardial damage  
 due to (c) Myocardial contusion + hematoma due to recent fall

## INTERVAL BETWEEN ONSET AND DEATH

3 days  
 many years  
 12 days

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 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.)

## 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)

St. Louis (COUNTY) (STATE)

## 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

Dec 13 1951 4:30 P.M.

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

## 21f. HOW DID INJURY OCCUR?

fell down steps

22. I hereby certify that I attended the deceased from 12/13, 1951, to 12/25, 1951, that I last saw the deceased alive on 12/25, 1951, and that death occurred at 6:58 P.M. from the causes and on the date stated above.

## 23a. SIGNATURE (Degree or title)

Francis R. Pittsford M.D.

## 23b. ADDRESS

5233 Waterman

## 23c. DATE SIGNED

12. 26. 51

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 24b. DATE

Dec. 27, 1951

## 24c. NAME OF CEMETERY OR CREMATORY

Bellefontaine Cemetery

## 24d. LOCATION (City, town, or county) (State)

St. Louis, Mo.

## DATE RECD BY LOCAL REG.

DEC 27 1951

## REGISTRAR'S SIGNATURE

J. Paul Smith

## 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Alexander &amp; Sons 6175 Delmar

(Licensed Embalmer's Statement on Reverse Side)

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

2211

Dr  
Ritchie  
5233 Waterman

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.....  
Student Embalmer

Signed     

Licensed Embalmer No.   2460  

P. O. Address   6145 Dillman  

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.