

FILED FEB 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

2900

0916

BIRTH NO. 4266-52 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 <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Infirmary</u>		d. STREET ADDRESS (If rural, give location) <u>1032 Bond</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Twinn</u> #2 b. (Middle) c. (Last) <u>Hill</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-9-52</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>N</u>	8. DATE OF BIRTH <u>1-9-52</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9b. KIND OF BUSINESS OR INDUSTRY	
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) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Eugene Hill</u>		13b. MOTHER'S MAIDEN NAME <u>Gloria York</u>	
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 <u>Gloria Hill</u> ADDRESS <u>1032 Bond St. Above, Ill.</u>	
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) <u>Prematurity</u> ANTECEDENT CAUSES Morbidity 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	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
21f. HOW DID INJURY OCCUR? <u>774X</u>		22. I hereby certify that I attended the deceased from <u>3:00 AM 1-9, 1952</u> , to <u>6:00 AM 1-9, 1952</u> , that I last saw the deceased alive on <u>1-9-52</u> , 19 <u>52</u> , and that death occurred at <u>3:00 a. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>M. A. Harris M.D.</u>		23b. ADDRESS <u>1536 Papin</u>	
23c. DATE SIGNED <u>1-9-52</u>		24a. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	
24b. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		24c. DATE REC'D BY LOCAL REG. <u>JAN 30 1952</u>	
24d. REGISTRAR'S SIGNATURE <u>Charles Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service</u>	
25. ADDRESS <u>4104 Manchester Ave.</u>		(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 _____,
_____, Student Embalmer No. _____,
working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address.....

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.