

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23124

Reg. # 101,581
BIRTH NO.

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 500

Registrar's No. 1537

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		d. STREET ADDRESS 2909A DIXON ST.	
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) (NMI) c. (Last) HILL		4. DATE OF DEATH (Month) (Day) (Year) JUNE 7, 1952	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 18-JUNE 1893
9. AGE (In years last birthday) 58	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK LOADING	11. BIRTHPLACE (City and State or Foreign Country) MONROE, MISSISSIPPI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JOHN HILL		13b. MOTHER'S MAIDEN NAME LAURA FORD	
14. NAME OF HUSBAND OR WIFE ROSALIE HILL		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I	
16. SOCIAL SECURITY NO. 491 00 399		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS, 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, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC PYELONEPHRITIS WITH DEATH IN UREMIA 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 NONE		INTERVAL BETWEEN ONSET AND DEATH 18 MONTHS	
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?		22. I hereby certify that I attended the deceased from APRIL 22, 1952 , to JUNE 7, 1952 , and that death occurred at 11:00 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE M. Greiswold (Degree or title) M.D.		23b. ADDRESS VAH, JEFFERSON BARRACKS, MO.	
23c. DATE SIGNED 6-7-52		24a. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	
24b. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MISSOURI		24c. DATE REC'D BY LOCAL REG. 6-11-52	
24d. REGISTRAR'S SIGNATURE Herbert R. Donker		24e. FUNERAL DIRECTOR'S SIGNATURE G. Wade Hamberry	
24f. ADDRESS 4202 Finney		24g. (Licensed Embalmers' Statement on Reverse Side)	

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

Melvin E. Greer

Licensed Embalmer No. *4428*

P. O. Address *St. Louis*

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.