

THE DIVISION OF HEALTH OF MISSOURI

FILED JUL 22 1952

STANDARD CERTIFICATE OF DEATH

25904

State File No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6526	
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY 2119			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St Louis Mo)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis MO		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hornes Phillip Hospital		e. STREET ADDRESS 11 3673 Finney Ave		f. DATE OF DEATH (Month) (Day) (Year) 7-2-1952			
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Will c. (Last) Hill		4. DATE OF DEATH (Month) (Day) (Year) 7-2-1952		5. SEX Male		6. COLOR OR RACE Cauc	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Not known abt 1865		9. AGE (in years last birthday) abt 86		10. AGE (in years last birthday) abt 86	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, age 15 retired) Minister		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Jackson Tenn		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Sandy Hill		13b. MOTHER'S MAIDEN NAME Hunt		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 Sandy Hill		ADDRESS 2610 Franklin	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Exhaustion ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart Exhaustion DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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? ooo		F9219	
22. I hereby certify that I attended the deceased from 19 , to 19 , that I last saw the deceased alive on 19 , and that death occurred at 1045 A.M. , from the causes and on the date stated above. 46							
23a. SIGNATURE (Degree or title) Wm. H. Jones		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 7/5/52			
24a. BURIAL CREMA (If removal, specify)		24b. DATE 7-5-52		24c. NAME OF CEMETERY OR CREMATORY Jackson Tenn		24d. LOCATION (City, town, or county) (State)	
DATE RECD BY LOCAL REG. JUL 7 1952		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE W. R. Beal		ADDRESS Co 4 3030 Delmar	

(Licensed Embalmer's Statement on Reverse Side)

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

879
7-5-54

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

Leroy U. Bannister

Signed.....
Student Embalmer

Licensed Embalmer No. *4523*

P. O. Address *3880 Easton*

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.