

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **40297**
 Registrar's No. **10747**

BIRTH NO. **FILED DEC 12 1952** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		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 SAINT LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SAINT LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 21 3023 Lawton Blvd.	

3. NAME OF DECEASED (Type or Print) a. (First) Annie b. (Middle) Lee c. (Last) Hill	4. DATE OF DEATH (Month) (Day) (Year) Nov. 20 1952
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5. SEX 3 FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG. 31, 1904	9. AGE (In years last birthday) Months Days 48 2 19	IF UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	11. BIRTHPLACE (City and State or Foreign Country) NATCHUS, MISSISSIPPI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME PERRY THOMAS	13b. MOTHER'S MAIDEN NAME DIANNA ?	14. NAME OF HUSBAND OR WIFE EDDIE HILL
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME CLEOETHA WEEKLY	ADDRESS 3218 PINE BLVD.
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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		INTERVAL BETWEEN ONSET AND DEATH Undet.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spinal Corde Tumor		
	ANTECEDENT CAUSES DUE TO (b) Para-plegia <i>Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.</i> DUE TO (c) Aneurysm of Aorta		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> None			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4.5.1X
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22. I hereby certify that I attended the deceased from **11-6**, 19**52**, to **11-20**, 19**52**, that I last saw the deceased alive on **11-20-52**, 19**52**, and that death occurred at **10:20a m.**, from the causes and on the date stated above.

23. SIGNATURE Samuel B. Mc...	(Degree or title) M. D.	23b. ADDRESS 2601 N. Whittier St.	23c. DATE SIGNED 11-21-52.
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE Nov. 24, 1952	24c. NAME OF CEMETERY OR CREMATORY OAKDALE CEMETERY	24d. LOCATION (City, town, or county) (State) LeMAY, MISSOURI
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DATE REC'D BY LOCAL REG. NOV 22 1952	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE C. B. Hoone	ADDRESS 1221 N. Grand Blvd.
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(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 *Chapman Swan*

Licensed Embalmer No. 4580

P. O. Address 1221 7th Grand St

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.