

FILED MAR 20 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12761

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 590	Registrar's No. 712	
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GLENDALE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GLENDALE 4651</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>205 CORNELIA</u>		d. STREET ADDRESS (If rural, give location) <u>205 CORNELIA</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOAN</u>		b. (Middle) <u>HILL</u>		c. (Last) <u>HILL</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>3-4-1953</u>		5. SEX <u>F</u>			
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>Mar 3-1939</u>	
9. AGE (In years last birthday) <u>14</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>JIM HILL</u>		13b. MOTHER'S MAIDEN NAME <u>MILDRED CHAPMAN</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jim Hill - 205 Cornelia</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>LYMPHOSARCOMATOSIS, GENERAL</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ the underlying cause last.  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2001</u>			INTERVAL BETWEEN ONSET AND DEATH <u>18 MO.</u>
19a. DATE OF OPERATION <u>9-12-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>LYMPHOSARCOMA LOVARY + JEJUNUM + RETROPERITONEAL Nodes</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>JAN. 1952</u> to <u>MAR 4, 1953</u> , that I last saw the deceased alive on <u>3-4-1953</u> , and that death occurred at <u>12:25a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Ad Jean M.D.</u>		23b. ADDRESS <u>4500 W. PINE</u>		23c. DATE SIGNED <u>3-4-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>3-4-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CREMATORY</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert R. D... M... F. Home... Groves...</u>			
DATE REC'D BY LOCAL REG. <u>3-4-53</u>		ADDRESS			

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.....

*No embalming*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Leticia Welch*

Licensed Embalmer No. *4395*

P. O. Address *White Grove, Ill*

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.