

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40597**

FILED NOV 24 1953

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

10624

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| b. CITY (If outside corporate limits, write RURAL and give town) | | a. STATE Missouri | b. COUNTY 2229 |
| c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN St. Louis | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital | | e. STREET ADDRESS (If rural, give location) 22 1812a Papin | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Alice | b. (Middle) |
| | | c. (Last) Hill | 4. DATE OF DEATH (Month) (Day) (Year) 11 7 53 |
| 5. SEX 3 Female | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH April 27, 1883 |
| 9. AGE (In years last birthday) | | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days |
| | | 70 | 6 10 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Lake Providence, La. / |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Unknown-Gaines | 13b. MOTHER'S MAIDEN NAME Agnes Unknown |
| 14. NAME OF HUSBAND OR WIFE Whitley Hill | | 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 Agnes Vann 1812 (a) Papin St. | | ADDRESS | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular Accident INTERVAL BETWEEN ONSET AND DEATH Undt. | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 331x | |
| 22. I hereby certify that I attended the deceased from 10-30, 1953, to 11-7, 1953, that I last saw the deceased alive on 11-7, 1953, and that death occurred at 8:00A m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE E. B. Williams, M.D. | | (Degree or title) | 23b. ADDRESS 2601 N. Whittier |
| 23c. DATE SIGNED 11-9-53 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 11/10/53 | 24c. NAME OF CEMETERY OR CREMATORY Washington Park Ceme | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. |
| DATE REC'D BY LOCAL REG. NOV 9 1953 | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Wm. Smith 4019 Washington Blvd. | |

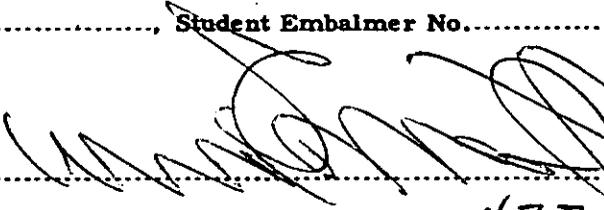
(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 437

P. O. Address S. J. Jones

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.