

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45355

State File No.

FILED JAN 19 1954

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 12336

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY 2099	
b. CITY OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place) WEEKS		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION DE PAUL HOSPITAL		e. STREET ADDRESS (If rural, give location) 4127 B N. 20TH. STREET	
3. NAME OF DECEASED (Type or Print) a. (First) GARY		b. (Middle) HILLE	
c. (Last) HILLE		4. DATE OF DEATH (Month) (Day) (Year) DEC. 29 1953	
5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) CHILD		8. DATE OF BIRTH JULY 14, 1952	
9. AGE (In years last birthday) 1		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 18 HRS. Hours Min.		9. AGE (In years last birthday) Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO. 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME FRANK HILLE		13b. MOTHER'S MAIDEN NAME LORRAINE COSTLEY	
14. NAME OF HUSBAND OR WIFE NONE		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. NONE		17. INFORMANT'S SIGNATURE OR NAME FRANK HILLE 4127 B N. 20TH ST.	
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) Bronchopneumonia ANTECEDENT CAUSES Morbid 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. Severe Nutritional Deficiency		INTERVAL BETWEEN ONSET AND DEATH 5 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 491-X		22. I hereby certify that I attended the deceased from Dec. 25, 1953, to Dec 24, 1953, that I last saw the deceased alive on Dec. 29, 1953 and that death occurred at 8 a. m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <i>Clifton R. Sharp M.D.</i>		23b. ADDRESS 634 N. Grand	
23c. DATE SIGNED 12/30/53		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 12-31-1953		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
DATE REC'D BY LOCAL REG. DEC 30 1953		REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Sudman & Sons</i>		ADDRESS 3934 N. 20th ST.	

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 *Gustav W. Quinter*.....

Licensed Embalmer No. *432*.....

P. O. Address *St. Louis, Mo.*.....

**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.**