

FILED MAR 30 1954

STANDARD CERTIFICATE OF DEATH

10111

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2558**

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give town OR TOWN) **1807a Delmar**
 c. LENGTH OF STAY (in this place) (township) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION **1807a Delmar ave**

2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission)
 a. STATE **Mo** b. COUNTY _____
 c. CITY OR TOWN **St Louis**
 d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) **1807a Delmar ave**

3. NAME OF DECEASED (Type or Print)
 a. (First) **Rosa** b. (Middle) **M** c. (Last) **Hilson**
 4. DATE OF DEATH (Month) (Day) (Year) **3/19/1954**

5. SEX **F /** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **W**
 8. DATE OF BIRTH **unknown** 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) **60**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **House Wife**
 10b. KIND OF BUSINESS OR INDUSTRY _____
 11. BIRTHPLACE (City and State or Foreign Country) **Atlanta Georgia /**
 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **D**

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 ADDRESS **Oliver Hilson 5581 Vernon ave**

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) _____
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Lobar Pneumonia**
 DUE TO (c) **(bilateral)**
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing 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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **490x**

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 **1:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **James M. Quinn** (Print name or title) 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **3/20/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **3/22/54** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park** 24d. LOCATION (City, town, or county) (State) **St Louis County Mo**

DATE REC'D BY LOCAL REG. **MAR 20 1954** REGISTRAR'S SIGNATURE **Earl Smith Md** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Central Funeral Home 1841 Cass**

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 9 1954

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..... *Paul G. Wacht*

Licensed Embalmer No. *478*

P. O. Address *St. Louis*

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.