

FILED JUN 24 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 20643

4746

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
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 OR TOWN <b>St. Louis</b> )				c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <b>2</b>				STREET ADDRESS (If rural, give location) <b>5100 Arsenal</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis State Hospital</b>				3. NAME OF DECEASED			
a. (First) <b>JOHN</b>		b. (Middle) <b>HENRY</b>		c. (Last) <b>HILL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 28, 1954</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>11/26/1889</b>	
9. AGE (In years last birthday) <b>64</b>		10a. USUAL OCCUPATION (If his kind of work done during most of working life, even if retired) <b>Shoe Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Rockanna Ill.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>John Hill</b>		13b. MOTHER'S MAIDEN NAME <b>Theresa Koelch</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>John Martin 5982 Lotus Ave.</b>		ADDRESS	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Massive Pulmonary hemorrhage</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 min.</b>			
ANTECEDENT CAUSES				DUE TO (b) <b>Pulmonary tuberculosis</b>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				DUE TO (c)			
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 <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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>002x</b>			
22. I hereby certify that I attended the deceased from <b>Jan. 1, 1954</b> , to <b>May 28, 1954</b> , that I last saw the deceased alive on <b>May 28, 1954</b> , and that death occurred at <b>6:30a m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>John H. McWhorter M.D.</b>				23b. ADDRESS <b>5100 Arsenal St.</b>		23c. DATE SIGNED <b>5/28/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/29/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>MAY 28 1954</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Jos. W. Clark</b>		ADDRESS <b>1125 Hodiamont Ave.</b>	
(Licensed Embalmer's Statement on Reverse Side)							

WRITE PLAINLY—USING UNFADING BLACK INK

FORM NO. 10012

ISSUED BY THE BOARD OF EXAMINERS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Alfred J. Boedel*.....  
Licensed Embalmer No. 2

P. O. Address 1125 1/2

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.