

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 2699

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Kirkwood
c. LENGTH OF STAY (in this place) 37 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION 224 E. Big Bend Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Kirkwood 471 3
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 224 E. Big Bend Rd.

3. NAME OF DECEASED (Type or Print)
a. (First) EUGENE b. (Middle) H. c. (Last) HILL
4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Sept. 10, 1876 9. AGE (In years last birthday) 78 if UNDER 1 YEAR Months 2 if UNDER 12 HRS. Days 10 Hours 10 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Agent 10b. KIND OF BUSINESS OR INDUSTRY Frisco R.R. 11. BIRTHPLACE (City and State or Foreign Country) Labadie, Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Mr. Isaiah W. Hill 13b. MOTHER'S MAIDEN NAME Sarah Hundly 14. NAME OF HUSBAND OR WIFE Lochie A. 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. None 17. INFORMANT'S SIGNATURE OR NAME Mrs. Mabelle Robinson ADDRESS 224 E. Big Bend

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, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Progressive Muscular Dystrophy MEDICAL CERTIFICATION
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.
INTERVAL BETWEEN ONSET AND DEATH Years _____

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) 7441

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from July 9, 1946, to Nov 21, 1954, that I last saw the deceased alive on Nov. 16, 1954, and that death occurred at 6:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] 23b. ADDRESS 204 E. Big Bend 23c. DATE SIGNED 11-22-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 11/23/54 24c. NAME OF CEMETERY OR CREMATORY Pacific City Cemetery 24d. LOCATION (City, town, or county) (State) Pacific, Mo.

DATE REC'D BY LOCAL REG. 11/23/54 REGISTRAR'S SIGNATURE [Signature] 27. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Kirkwood Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

See separate recording

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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.....
[Handwritten Signature]

Licensed Embalmer No.....
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P. O. Address.....
[Handwritten Address]

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.