

FILED DEC 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

42457

11279

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) a. STATE <b>ILLINOIS</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>915 N. Grand St. Louis 6, Mo.</b>		c. LENGTH OF STAY (in this place) <b>1 Day</b>		c. CITY OR TOWN <b>E. ST. LOUIS</b>		d. Is 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 (If not in hospital or institution, give street address or location) <b>VETERANS ADMINISTRATION HOSP.</b>				STREET ADDRESS (If rural, give location) <b>7-G Villa Griffin Apts. 81208</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>GILBERT</b>		b. (Middle) <b>E</b>		c. (Last) <b>HILL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12-9-54</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>		8. DATE OF BIRTH <b>6-22-01</b>	
9. AGE (In years last birthday) <b>53 yrs.</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Steamfitter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Edward Hill</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Hargrove</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW-2</b>		16. SOCIAL SECURITY NO. <b>331-16-5745</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>V. A. HOSPITAL RECORDS</b>			
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) <b>PNEUMONIA IN RIGHT LOWER LOBE</b>  ANTECEDENT CAUSES Morbidity 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. <b>1. FATTY LIVER</b> <b>2. CARCINOMA OF LEFT KIDNEY</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 DAYS</b>     <b>30 MONTHS UNKNOWN</b>	
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) <b>NONE</b>		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) <b>V.A.</b>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? - - - <b>490X<sup>H</sup></b>					
22. I hereby certify that I attended the deceased from <b>12-8</b> , 19 <b>54</b> , to <b>12-9</b> , 19 <b>54</b> , that death occurred at <b>10:15a</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>C. P. KOLARS</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>VAH St. Louis 6, Missouri</b>		23c. DATE SIGNED <b>12-9-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>12-10-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>E. St. Louis</b>		24d. LOCATION (City, town, or county) (State) <b>ILL.</b>	
DATE REC'D BY LOCAL REG <b>DEC 10 1954</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Harry Roberts</b>		ADDRESS <b>E. St. Louis 6, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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. 43

P. O. 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.