

FILED SEP 29 1955

STANDARD CERTIFICATE OF DEATH

State File No. **30979**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7959**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS 116 S. Beaumont St.		(If rural, give location) 2270	

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Prince c. (Last) Hill		4. DATE OF DEATH (Month) (Day) (Year) Sept. 8, 1955	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 8-2-1928
9. AGE (In years last birthday) 27		IF UNDER 1 YEAR Months 1 Days 5	IF UNDER 24 HRS. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Cincinnati, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME Frank Hill		13b. MOTHER'S MAIDEN NAME Christena Lott		14. NAME OF HUSBAND OR WIFE --	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korean War		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Christena Hogan	
				ADDRESS 116 S. Beaumont 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Gun Shot Wound of Skull and Brain		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Suffered when shot in Tavern at 107-50. Beaumont about 11:00 p.m. Sept. 7th - 1955		
	DUE TO (b) 107-50. Beaumont about 11:00 p.m. Sept. 7th - 1955		
II. OTHER SIGNIFICANT CONDITIONS Whether Accidental, Succeeded or homicidal could not be determined Open Inquest			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E919		20. PROPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Open		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St Louis		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis of Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 9-7-55 11:00 p.m.		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? SEE ABOVE	

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 _____, 11:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE Joseph D. DePuy		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 9/10/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-12-55		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo.	
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DATE REC'D BY LOCAL REG. SEP 10 1955		REGISTRAR'S SIGNATURE J. Earl Smith Md		25. FUNERAL DIRECTOR'S SIGNATURE Peoples Und. Co. 3100 Franklin Ave.		ADDRESS	
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WRITE PLAINLY—USING UNEADING 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 *N. Claude Gaido*

Licensed Embalmer No. *34*

P. O. Address *4575*

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.