

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38364

FILED DEC 12 1955

State File No. \_\_\_\_\_

BIRTH NO. 81-293-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10439

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis Mo</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>St. Louis</u> 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 <u>St. Mary's Infirmary</u>		e. STREET ADDRESS (If rural, give location) <u>311 South 4th</u>		8/12/55	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dennis</u> b. (Middle) <u>Charles</u> c. (Last) <u>Hill</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-14-55</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <u>11-13-55: 4:00 am</u>	
				9. AGE (In years last birthday) <u>1</u> # MONTHS: _____ Days: _____ # WEEKS: _____ Hours: _____ Min: _____	
				11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo</u>	
13a. FATHER'S NAME <u>Eddie Hill</u>		13b. MOTHER'S MAIDEN NAME <u>Rosa Bridges</u>		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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Rosa Hill (mother)</u> ADDRESS <u>above</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES Morbid conditions, if any, stating DUE TO (b) <u>Atelectasis</u> rise to the above cause (a) stating the underlying cause last.  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 <u>762.0</u>				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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 11-13, 1955, to 11-14, 1955, that I last saw the deceased alive on 11-14, 1955, and that death occurred at 4:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul Grosso, M.D.</u>		(Degree or title)		23b. ADDRESS <u>St. Mary's Infirmary</u>		23c. DATE SIGNED <u>11-15-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-30-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Bureau</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>NOV 30 1955</u>		REGISTRAR'S SIGNATURE <u>Paul Grosso</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Newland - Her Mortuary Service</u>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

Licensed Embalmer No.....

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.