

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10865

State File No. 2721

FILED APR 2 - 1956

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2721	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____			
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 87yrs		c. CITY OR TOWN St. Louis		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 Bethesda Hospital				e. STREET ADDRESS (If rural, give location) 19 4449 Forest Park Blvd. 2199			
3. NAME OF DECEASED (Type or Print) a. (First) Mary			b. (Middle) Belle		c. (Last) Hill		4. DATE OF DEATH (Month) (Day) (Year) March 15, 1956
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Nov. 19, 1868		9. AGE (In years last birthday) 87yrs	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Spinster		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Boyd Hill			13b. MOTHER'S MAIDEN NAME Rebecca Clark		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Clay Hill 4449 Forest Park Blvd			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 2
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma left ovary - metastases				DUE TO (b) Carcinoma left ovary - metastases			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Hypertension - Arteriosclerosis				Conditions contributing to the death but not related to the disease or condition causing death. Hypertension - Arteriosclerosis			many years
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 175x				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 1-21, 1956 , to 3-15, 1956 , that I last saw the deceased alive on 3-15, 1956 , and that death occurred at 10:20 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Frances R. Ritchie				23b. ADDRESS 5233 Waterman, M. to M.D. 5233 Waterman St.		23c. DATE SIGNED 3-16-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 17, 1956		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE RECD BY LOCAL REG. MAR 16 1956		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons		ADDRESS 6175 Delmar	

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

S.P. (Licensed Embalmer's Statement on Reverse Side)

Dr. Frances Ritchie
5233 Waterman

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.....
Jos. E. McCullough

Licensed Embalmer No. *24*

P. O. Address *6175 DA*

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.