

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17429**
Registrar's No. **154**

FILED JUN 12 1956

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058**

1. PLACE OF DEATH a. COUNTY ST. CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. CHARLES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. CHARLES		c. CITY OR TOWN ST. CHARLES	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 00923
c. LENGTH OF STAY (in this place) 42 YRS		e. STREET ADDRESS (If rural, give location) 567 McDONOUGH	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 567 McDONOUGH			

3. NAME OF DECEASED (Type or Print)	a. (First) JOSEPH	b. (Middle) J	c. (Last) HILL JR	4. DATE OF DEATH (Month) (Day) (Year) JUNE 5 1956
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH JUNE 22, 1913	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months 11 Days 15	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRAFTING ENGINEER	10b. KIND OF BUSINESS OR INDUSTRY AIRCRAFT MFG.	11. BIRTHPLACE (City and State or Foreign Country) ST. CHARLES, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOSEPH J. HILL SR	13b. MOTHER'S MAIDEN NAME CECELIA ILLER	14. NAME OF HUSBAND OR WIFE MARY JANE MOSES HILL
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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. 492-01-9507	17. INFORMANT'S SIGNATURE OR NAME MARY JANE MOSES HILL	ADDRESS ST. CHARLES, Mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 4 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of pancreas		
	DUE TO (c) Sudden ulcer		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sudden ulcer			

19a. DATE OF OPERATION Feb 23, 1956	19b. MAJOR FINDINGS OF OPERATION Sudden ulcer -	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 157 X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **Sept 1955**, to **June 5, 1956**, that I last saw the deceased alive on **June 5, 1956**, and that death occurred at **8:25 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Russell E. Linder M.D. (Degree or title)	23b. ADDRESS St Charles Mo	23c. DATE SIGNED June 7, 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 8, 1956	24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY	24d. LOCATION (City, town, or county) (State) ST. CHARLES, Mo
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DATE REC'D BY LOCAL REG. June 7 1956	REGISTRAR'S SIGNATURE Francis Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE E. L. Prinster	ADDRESS St. Charles, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

840

JUN 24 1956

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 *James T. Embalmer*
Licensed Embalmer No. *365*
P. O. Address *St. Louis*

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.