

FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43196

STATE FILE NUMBER

11451

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Wellston		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE Mo. Baptist Hospital				Length of stay in lb D.O.A.		d. STREET ADDRESS (If outside, give location) 6227 Wagner Avenue	
3. NAME OF DECEASED (Type or print) HERBERT CHRIST HILL				4. DATE OF DEATH Month Dec Day 11 Year 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH Sept 7, 1907		9. AGE (In years last birthday) 49	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dimpler				10b. KIND OF BUSINESS OR INDUSTRY McDonald Aircraft Company		11. BIRTHPLACE (City and state or country) Chesterfield, Mo.	
13. FATHER'S NAME George C. Hill				14. MOTHER'S MAIDEN NAME Mimie Nau			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 498-07-5530		17. INFORMANT Address Mrs. Pauline Hill, 6227 Wagner Ave			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio vascular disease Cardio Vascular Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 3 complete A.V. block with complete A.V. Block DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 422.1						INTERVAL BETWEEN ONSET AND DEATH 4 yrs.	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Apr 5 1952 to Dec 11, 1956 and last saw him alive on 12/1/56 Death occurred at 11:32 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE C. Kleinschmidt (degree or title) M.D.				22b. ADDRESS 508 No. Grand		22c. DATE SIGNED 12-13-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Dec 14, 1956		23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
24. FUNERAL DIRECTOR ADDRESS Shepard Funeral Home 1167 Hamilton Ave				25. DATE RECD. BY LOCAL REG. DEC 13 1956		26. REGISTRAR'S SIGNATURE Carl Smith M.D.	

Dr. C. K. Reinischmidt
met body

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
G. W. Wilkinson

Licensed Embalmer No. 3

P. O. Address.....
For

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.