

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008370

STATE FILE NUMBER

FILED FEB 28 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 510

| | | | | | |
|--|-------------------------------|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Beverly Hills</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Beverly Hills</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3526 Maywood</u> | | Length of stay in lb <u>13 yr's.</u> | d. STREET ADDRESS (If outside, give location) <u>3526 Maywood</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>R.</u> Last <u>HILL</u> | | | 4. DATE OF DEATH Month <u>Feb.</u> Day <u>20</u> Year <u>1958</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>April 27, 1890</u> | 9. AGE (In years last birthday) <u>67</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Drop Forge Operator</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>R.R. Part Mfg.</u> | 11. BIRTHPLACE (City and state or country) <u>Rockwood Tenn.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13. FATHER'S NAME <u>John Hill</u> | | | 14. MOTHER'S MAIDEN NAME <u>Wifes Name (Unknown) Leona Sommers</u> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>329-10-5426</u> | 17. INFORMANT Address <u>Russell Hill 4511 Stivers</u> | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> <u>(Several arteriosclerosis) myocardial infarction</u> DUE TO (b) <u>4201</u> DUE TO (c) <u>Stroke</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs!</u> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 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 <u>2/20/58</u> to _____ and last saw her alive on _____ Death occurred at <u>7:00 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>Dr. W. J. Salens</u> | | 22b. ADDRESS <u>7016 Pleasant Rd</u> | | 22c. DATE SIGNED <u>2/20/58</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>2/21/58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Paul Kelly</u> | | ADDRESS <u>7267 Natural Bridge</u> | | 25. DATE RECD. BY LOCAL REG. <u>2/21/58</u> | 26. REGISTRAR'S SIGNATURE <u>Herbert B. Dombke</u> |

(Licensed Embalmer's Statement on Reverse Side)

100-56
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 Director, coroner, etc. must use only standard nomenclature in terms of the symptoms and signs of the disease.
 1958

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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 *James A. Lamm*

Licensed Embalmer No. *2*

P. O. Address *St. Louis*

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.