

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015400

STATE FILE NUMBER

FILED APR 28 1958

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 108

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| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Charles</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Charles</u>          |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <u>St. Charles</u> <u>0923</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                              |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>St. Joseph</u> |  | Length of stay in lb<br><u>5 days</u>  | d. STREET ADDRESS (If outside, give location)<br><u>1216 No. Fifth St.</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <u>Lovie</u> Middle <u>S.</u> Last <u>Hill</u> | 4. DATE OF DEATH<br>Month <u>April</u> Day <u>24</u> Year <u>1958</u> |
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| 5. SEX<br><u>Female</u> | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Sept. 24, 1878</u> | 9. AGE (In years at birth)<br><u>79</u> | IF UNDER 1 YEAR<br>Months <u>7</u> Days <u>0</u> | IF UNDER 24 HRS.<br>Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Home</u> | 11. BIRTHPLACE (City and state or country)<br><u>Foristell, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |
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| 13a. FATHER'S NAME<br><u>Joseph Hughes</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Sarah M. Carrico</u> | 14. NAME OF HUSBAND OR WIFE<br><u>James W. Hill</u> |
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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)<br><u>NO</u> | 16. SOCIAL SECURITY NO.<br><u>None</u> | 17. INFORMANT<br><u>Mrs. James Morris, St. Charles, Mo</u><br>Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u>                                 |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 mo.</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <u>Arteriosclerotic cardio vascular dis.</u> | <u>15 yrs.</u>   |
|  | DUE TO (c) <u>4221 H</u>                                |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Diabetes mellitus and carcinoma of left breast</u> |   | 19. WAS AUTOPSY PERFORMED? <u>2</u><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) |
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| 20c. TIME OF INJURY<br>Hour <u></u> Month, Day, Year <u></u><br>a.m. <u></u> p.m. <u></u> | 20d. INJURY OCCURRED WHILE AT <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<br><u>St. Charles</u> | COUNTY<br><u>St. Charles</u> | STATE<br><u>Mo.</u> |
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| 21. I attended the deceased from <u>5-18-57</u> to <u>4-24-58</u> and last saw her alive on <u>4-24-58</u><br>Death occurred at <u>6:40 AM.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |   |                                    |
| 22a. SIGNATURE<br><u>Lovie S. Hill</u> (Type or print)<br><u>M.D. 0</u>  | 22b. ADDRESS<br><u>114 N. Main St., St. Chas. Mo.</u> | 22c. DATE SIGNED<br><u>4-25-58</u> |

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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>Apr. 26, 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Oak Grove Cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>St. Charles County, Mo.</u> |
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| 24. FUNERAL DIRECTOR<br><u>H.C. Dallmeyer &amp; Sons, St. Charles</u> | ADDRESS<br><u>Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>APR. 25-58</u> | 26. REGISTRAR'S SIGNATURE<br><u>Muse Wilson</u> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. All diseases in Part I must be causally related.

542

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. 7832

P. O. Address St. Charles

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.