

THE DIVISION OF HEALTH OF MISSOURI 42.666-58
STANDARD CERTIFICATE OF DEATH

58-019792
State File No. 5983

FILED JUN 13 1958

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5983

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

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Booth Memorial Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) Louis c. (Last) Hill		d. STREET ADDRESS (If rural, give location) 9249 906 Utah Street	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH June 9, 1958	
9. AGE (In years last birthday) 3		10. MONTHS 10	
11. BIRTHPLACE (State or foreign country) ST Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Ervin Louis Hill		13b. MOTHER'S MAIDEN NAME Barbara Mae Richardson	
14. NAME OF HUSBAND OR WIFE			
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. NONE	
17. INFORMANT'S SIGNATURE OR NAME Barbara Hill		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital atelestasis		INTERVAL BETWEEN ONSET AND DEATH Lifetime	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
DUE TO (c) Immaturity			
II. OTHER SIGNIFICANT CONDITIONS		762.5	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 on June 9, 1958, to June 9, 1958, that I last saw the deceased alive on June 9, 1958, and that death occurred at 4:35 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Leroy E. Ellison M.D.		23b. ADDRESS 3610 So Broadway St Louis Mo	
23c. DATE SIGNED June 9, 1958			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-10-58	
24c. NAME OF CEMETERY OR CREMATORY HERCULANEUM		24d. LOCATION (City, town, or county) (State) HERCULANEUM - MO.	
DATE REC'D BY LOCAL REG. JUN 10 1958		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Crystal City, Mo.	

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed

Emory D. Politt

Signed.....
Student Embalmer

Licensed Embalmer No. *3481*

P. O. Address *Crystal City -*

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 this body is not embalmed, fact should be so stated above.