

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045807

STATE FILE NUMBER

XC- 1302888
SL- 18507

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12528

FILED JAN 12 1959

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND ST LOUIS MO		c. CITY OR TOWN ST LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 VET ADM HOSPITAL		d. STREET ADDRESS 1522 ELLIOT	
3. NAME OF DECEASED (Type or print) First GUS Middle NMI Last HILL		4. DATE OF DEATH Month 12 Day 23 Year 58	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-3-91
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) IA BORER		11. BIRTHPLACE (City and state or country) HOUSTON MISSISSIPPI	
13a. FATHER'S NAME HENRY HILL		14. NAME OF HUSBAND OR WIFE SELINA HILL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) YES MW-1		16. SOCIAL SECURITY NO. UNKNOWN	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC STANDSTILL DUE TO (b) VENTRICULAR TACHYCARDIA DUE TO (c) OLD AND RECENT MYOCARDIAL INFARCTION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.1		INTERVAL BETWEEN ONSET AND DEATH 2 HRS. 3 WKS PLUS	
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 9:25 A.M. Month, Day, Year		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 COUNTY STATE	
21. I attended the deceased from 12-4-58 to 12-23-58 and last saw him alive on 12-23-58 Death occurred at 9:25 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Deceased or title) Resident Liberty M.D.	
22b. ADDRESS VAH. ST. LOUIS, MO.		22c. DATE SIGNED 12-23-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-29-1958	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) Jefferson Barracks Mo
24. FUNERAL DIRECTOR Tressell & Dent, 3404 Delmar Blvd.		25. DATE RECD. BY LOCAL REG. DEC 26 '58	
26. REGISTRAR'S SIGNATURE J. E. Smith MO		27. REGISTRAR'S SIGNATURE 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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Leroy H. Banner

Licensed Embalmer No. *4523*

P. O. Address *4251 Washington*

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.