

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022987

FILED JUN 24 1959

STATE FINE NUMBER  
2 5518

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Ditmer	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital		d. STREET ADDRESS Route 1	
3. NAME OF DECEASED (Type or print) Elmer Charles Hill		4. DATE OF DEATH June 9, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 15, 1941
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Apprentice Auto Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Garage	11. BIRTHPLACE (City and state or country) Grubville, Mo.
13a. FATHER'S NAME Charles J. Hill		13b. MOTHER'S MAIDEN NAME Shirley Wideman	14. NAME OF HUSBAND OR WIFE None
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. 487-44-6095	17. INFORMANT Mrs. Richard D. Sturgeon, Ditmer, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Traumatic Injuries			19. INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CAUSES (e.g., chronic disease, but not due to the cause stated in PART I.) Suffered an auto accident with truck # 21 near Festus, Mo. on Highway 21 near Festus, Mo. about 8:30 a.m. June 9, 1959. Cause and manner of same could not be determined.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT, SUICIDE, HOMICIDE Verdict <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) Cause and manner of same could not be determined		
20c. TIME OF INJURY 8:30 a.m. 6. 9. 59	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.) 45	20f. CITY, TOWN, OR LOCATION near Festus (Jefferson) Mo
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul J. Simon		22b. ADDRESS 1300 Clark	22c. DATE SIGNED 6/10/59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 6-12-59	23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	23d. LOCATION (City, town, or county) Grubville, Mo.
24. FUNERAL DIRECTOR Vinyard Funeral Home, Inc., Festus, Mo.		25. DATE RECD. BY LOCAL REG. JUN 10 '59	26. REGISTRAR'S SIGNATURE Paul Smith, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAR 1 1960

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 *Henry Kahle* .....

Licensed Embalmer No. *4596* .....  
P. O. Address *Elmwood* .....

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.