

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022989

STATE FILE NUMBER

FILED JUN 19 1959

Registration District No. _____ Primary Registration District No. _____ Registrar No. **5201**

300-
1-57

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Affton 4830	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3649 French Ave		d. STREET ADDRESS (If outside, give location) 10017 Marlene Dr	

3. NAME OF DECEASED (Type or print) JOHN W HILL			4. DATE OF DEATH Month May Day 28 , Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 19, 1896	9. AGE (In years, months, days, hours, min.) 63	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Centerville, Mo.	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Edward Hill	13b. MOTHER'S MAIDEN NAME Minta Russell	14. NAME OF HUSBAND OR WIFE Jessie Hill
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) Yes WW I	16. SOCIAL SECURITY NO. —	17. INFORMANT Jessie Hill	Address 10017 Marlene Dr
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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><i>acute dilation of heart</i></u>		INTERVAL BETWEEN ONSET AND DEATH <u><i>1/2 hr.</i></u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	434.4H
	DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u><i>Arteriosclerosis</i></u>		19. WAS AUTOPSY PERFORMED? 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 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 _____
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21. I attended the deceased from <u><i>12-1-58</i></u> to <u><i>5-28-59</i></u> and last saw her alive on <u><i>5/28/59</i></u> Death occurred at <u><i>5-28-59 6 P</i></u> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u><i>Lucien A. Seale</i></u> (Degree or title) _____	22b. ADDRESS <u><i>752 Perry Ferry Rd</i></u>	22c. DATE SIGNED <u><i>5/29/59</i></u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE June 1, 1959	23c. NAME OF CEMETERY OR CREMATORY National Cem	23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo
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24. FUNERAL DIRECTOR Thomas Kutis	ADDRESS 2906 Gravois	25. DATE RECD. BY LOCAL REG. 5-31-59	26. REGISTRAR'S SIGNATURE <u><i>Earl Smith, M.D.</i></u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

mjb

6-8-15
till 2:30 P.m. Friday

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 Elena Province

Licensed Embalmer No. 3403

P. O. Address Jennings

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.