

ORIGINAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048161

FILED JVS JAN 5 1961

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3773

INDEXED

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		c. CITY OR TOWN Clayton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION residence		d. STREET ADDRESS (If outside, give location) 4 Forest Ridge	

3. NAME OF DECEASED (Type or print) First MAURY Middle nmn Last HILL			4. DATE OF DEATH December 29, 1960 Month December Day 29 Year 1960			
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 July 24, 1895	9. AGE (last birthday) 65	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Investment Banker	10b. KIND OF BUSINESS OR INDUSTRY Reinholdt-Gardner	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Walker Hill	13b. MOTHER'S MAIDEN NAME Virginia Lockwood	14. NAME OF HUSBAND OR WIFE Lela Cochran Hill	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW #1	16. SOCIAL SECURITY NO. 498-03-4106	17. INFORMANT Lela Hill, #4 Forest Ridge	Address
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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) Pneumo pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days
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 CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis, Diabetic mellitus		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m. Month, Day, Year _____			

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
21. I attended the deceased from May 1939 to Dec 29 60 and last saw him alive on Dec 28 1960 Death occurred at 2 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) Samuel B Prout M.D.	22b. ADDRESS 114 N Taylor Ave	22c. DATE SIGNED 12-29-60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12-30-1960	23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery
24. FUNERAL DIRECTOR ADDRESS C. R. Lupton & Sons-7233 Delmar Bly'd.		24. LOCATION (City, town, or county) (State) St. Louis, Missouri

25. DATE RECD. BY LOCAL REG. 12-29-60	26. REGISTRAR'S SIGNATURE John G. Murphy M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

✓ Will

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence A. M.

Licensed Embalmer No. 4011

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.