MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

XC-10 730 410 SL 5398 -61-010983

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2998 STATE FILE NUMBER

AMENDED

DATE AMENDED 72

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED APR 7 1961

1. PLACE OF DEATH a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N.Grand,St.Louis,Mo. Length of stay in 1b: 2 days

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1905 Carr - Apt. 205 Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JOHN Middle T. Last HILTON

4. DATE OF DEATH Month MARCH Day 29 Year 1961

5. SEX MALE

6. COLOR OR RACE NEGRO

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 11/19/19

9. AGE (last birthday) 41 IF UNDER 1 YEAR Months 4 Days 11 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Station Attendant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Altheimen, Ark.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME JOHN HILTON

13b. MOTHER'S MAIDEN NAME ANNIE WAGNER

14. NAME OF HUSBAND OR WIFE RUTH HILTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-2

17. INFORMANT RUTH HILTON (WIDOW) Address ST. LOUIS, MO. 5844 CABANNE AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) HYPERTENSIVE CARDIOVASCULAR DISEASE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 443x

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 3/27/61, to 3/29/61 and last saw him alive on 3/29/61

Death occurred at 6:04 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Francis J. Carey (Degree or title) M.D.

22b. ADDRESS VAH, St. Louis, Mo.

22c. DATE SIGNED 3/29/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 4/4/61

23c. NAME OF CEMETERY OR CREMATORY National Cemetery

23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR Wright's Funeral Home ADDRESS 3100 Easton Ave.

25. DATE RECD. BY LOCAL REG. MAR 30 1961

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

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 Arthur L. Woodward

Licensed Embalmer No. 4221

P. O. Address 310 Easton Ave

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.