

AMENDED Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4666 STATE FILE NUMBER

FILED JUN 2 1961

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO. Length of stay in 1b _____
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1 Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY _____
 c. CITY OR TOWN St. Louis Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 3450 Ohio Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
JOHN J HILL, Jr. 5 16 61

5. SEX male 6. COLOR OR RACE white 7. Married Never Married
 Widowed Divorced 8. DATE OF BIRTH 3/25/1915 9. AGE (last birthday) 46

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) driver 10b. KIND OF BUSINESS OR INDUSTRY Pevely Dairy 11. BIRTHPLACE (City and state or country) Fenton, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John F Hill, Sr. 13b. MOTHER'S MAIDEN NAME Helen Haag 14. NAME OF HUSBAND OR WIFE Dorothy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Dorothy Hill Address 3450 Ohio

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Ruptured aneurysm of right vertebral artery. INTERVAL BETWEEN ONSET AND DEATH _____
 DUE TO (b) _____
 DUE TO (c) 452x

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 5/2/61 to 5/16/61 and last saw her alive on 5/16/61
 Death occurred at 5:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Glenn S Schaefer Jr M.D. 22b. ADDRESS 1515 LAFAYETTE AVE. 22c. DATE SIGNED 5/16/61

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE 5/19/1961 23c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery 23d. LOCATION (City, town, or county) (State) Rock Creek, Missouri

24. FUNERAL DIRECTOR ADDRESS John L Ziegenhein & Sons 7027 Gravois 25. DATE RECD. BY LOCAL REG. MAY 17 1961 26. REGISTRAR'S SIGNATURE Loed Smith, M.D.

DATE AMENDED _____
 ITEM NO. _____
 SHOULD READ _____
 BY AFFIDAVIT OF _____
 MEDICAL CERTIFICATION _____
 DOCUMENT _____
 INSTEAD OF _____

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

Donald Benz

Licensed Embalmer No. _____

P. O. Address _____

4 PCJ
A. Lewis Mc

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.