

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

3656-62-012777  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB  
AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3656**

FILED APR 12 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

81

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>                |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Saint Louis</b>   |  | c. CITY OR TOWN <b>University City</b>  |  |
| Length of stay in 1b  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>  |  | d. STREET ADDRESS (If outside, give location)<br><b>7266 Creveling Dr</b>   |  |
| Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>JOHN</b> Middle <b>B.</b> Last <b>HILL</b>   |  |   | 4. DATE OF DEATH<br>Month <b>April</b> Day <b>6</b> Year <b>1962</b>   |
| 5. SEX<br><b>male</b>   | 6. COLOR OR RACE<br><b>white</b>       | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>3-5-1895</b>  |
| 9. AGE (last birthday)<br><b>67</b>   |  | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 24 HR<br>Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Hill Construction</b>   | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Mo.</b>  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>  |  | 13a. FATHER'S NAME<br><b>John Hill</b>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Margaret Barker</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Beulah Hill</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give year or dates of service)<br><b>Yes W. W. #1</b>   |  | 16. SOCIAL SECURITY NO.   |  |
| 17. INFORMANT<br><b>Beulah Hill 7266 Creveling Dr. U. City, Mo.</b>   |  | Address   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cirrhosis of liver</b>   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1yr.</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |  |   | <b>581.0</b>   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____   |  |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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 _____ <b>1960</b> to <b>April 6, 1962</b> and last saw him alive on <b>April 6, 1962</b><br>Death occurred at <b>10:55 AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |
| 22a. SIGNATURE<br><b>George M. Stuer</b> (Degree or title)  |  | 22b. ADDRESS<br><b>600 N. Guion Blvd</b>  | 22c. DATE SIGNED<br><b>4-6-62</b>  |
| 23a. BURIAL CREMATION REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>4-9-62</b>             | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Bellefontaine</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Mo.</b>   |
| 24. FUNERAL DIRECTOR<br><b>C.R. Lupton and sons 7233 Delmar Blvd</b>  |  | 25. DATE RECD. BY LOCAL REG.<br><b>APR 6 1962</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Loan Smith. M.D.</b>   |

Dr. Geo Ittner

City HILL

MAY 25 1962

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 Carolee J. Murray

Licensed Embalmer No. 4011

P. O. Address Howe - Mo

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.