

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-028751

Registration District No.

318

Primary Registration District No.

SL#261003

Registrar's No.

7733

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

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SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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BY AFFIDAVIT OF

FILED AUG 13 1962

|                                                                                                                                                                                                                                                                                                                               |                                                                                                           |                                                                                                                                                                      |                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY                                                                                                                                                                                                                                                                                                |                                                                                                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE MISSOURI b. COUNTY St. Louis                                       |                                                                      |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN ST. LOUIS, MISSOURI                                                                                                                                                                                                                                      |                                                                                                           | c. CITY OR TOWN FERGUSON                                                                                                                                             |                                                                      |
| Length of stay in 1b<br>10 MIN.                                                                                                                                                                                                                                                                                               |                                                                                                           | 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 VAH, ST. LOUIS, MISSOURI                                                                                                                                                                                                                       |                                                                                                           | d. STREET ADDRESS (If outside, give location)<br>6621 THURSTON                                                                                                       |                                                                      |
| 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 Middle Last<br>HILLMAN HILL                                                                                                                                                                                                                                                   |                                                                                                           | 4. DATE OF DEATH<br>Month Day Year<br>AUGUST 4, 1962                                                                                                                 |                                                                      |
| 5. SEX<br>MALE                                                                                                                                                                                                                                                                                                                | 6. COLOR OR RACE<br>WHITE                                                                                 | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>          | 8. DATE OF BIRTH<br>12/3/97                                          |
| 9. AGE (last birthday)<br>64                                                                                                                                                                                                                                                                                                  |                                                                                                           | IF UNDER 1 YEAR<br>Months Days Hours Min.                                                                                                                            |                                                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>DRY CLEANER                                                                                                                                                                                                                    |                                                                                                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>-----                                                                                                                           |                                                                      |
| 11. BIRTHPLACE (City and state or country)<br>MORLEY, MO.                                                                                                                                                                                                                                                                     |                                                                                                           | 12. CITIZEN OF WHAT COUNTRY<br>USA                                                                                                                                   |                                                                      |
| 13a. FATHER'S NAME<br>FRANK HILL                                                                                                                                                                                                                                                                                              |                                                                                                           | 13b. MOTHER'S MAIDEN NAME<br>ELIZABETH GLASSCOCK                                                                                                                     |                                                                      |
| 14. NAME OF HUSBAND OR WIFE<br>DIVORCED                                                                                                                                                                                                                                                                                       |                                                                                                           |                                                                                                                                                                      |                                                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) YES                                                                                                                                                                                                                                                      |                                                                                                           | 16. SOCIAL SECURITY NO.<br>499-03-4314                                                                                                                               |                                                                      |
| 17. INFORMANT<br>EVELYN HOSTY (SIS) SEE 2D                                                                                                                                                                                                                                                                                    |                                                                                                           | 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) ACUTE RIGHT HEART FAILURE<br>DUE TO (b) CHRONIC COR PULMONALE<br>DUE TO (c) PULMONARY EMPHYSEMA<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                                                                                                           | INTERVAL BETWEEN ONSET AND DEATH<br>527.1                                                                                                                            |                                                                      |
| 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"/> 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<br>VA                                                                                                                                   | COUNTY STATE                                                         |
| 21. attended the deceased from 8/4/62 to 8/4/62<br>Death occurred at 1:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.                                                                                                                                                             |                                                                                                           | and last saw him alive on 8/4/62                                                                                                                                     |                                                                      |
| 22a. SIGNATURE<br>Charles M. Kauffman M.D.                                                                                                                                                                                                                                                                                    |                                                                                                           | 22b. ADDRESS<br>VAH, ST. LOUIS, MISSOURI                                                                                                                             |                                                                      |
| 22c. DATE<br>Aug. 8, 1962                                                                                                                                                                                                                                                                                                     |                                                                                                           | 22d. DATE SIGNED<br>8/5/62                                                                                                                                           |                                                                      |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial                                                                                                                                                                                                                                                                           | 23b. DATE<br>Aug. 8, 1962                                                                                 | 23c. NAME OF CEMETERY OR CREMATORY<br>Calvary Cemetery                                                                                                               | 23d. LOCATION (City, town, or county) (State)<br>St. Louis, Missouri |
| 24. FUNERAL DIRECTOR<br>Calvin F. Feutz Funeral Home<br>4828 Natural Bridge Blvd.                                                                                                                                                                                                                                             |                                                                                                           | 25. DATE RECD. BY LOCAL REG.<br>AUG 8 1962                                                                                                                           |                                                                      |
| 26. REGISTRAR'S SIGNATURE<br>Earl Smith M.D.                                                                                                                                                                                                                                                                                  |                                                                                                           |                                                                                                                                                                      |                                                                      |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**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 Robert E. Muhlman

Licensed Embalmer No. 4916

P. O. Address St. Louis, 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.