

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County
Township
City *St. Louis Mo.* (No. *2945*) *Lawton Blvd City Hosp #2*

Registration District No. *701*
Primary Registration District No. *303*

File No. *15020*
Registered No. *4233*
Ward

2. FULL NAME

(a) Residence, No. *2220* *Chestnut St 21*
(Usual place of abode)

Length of residence in city or town where death occurred *life* yrs. mos. ds.

(If nonresident, give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *Caucas* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widow*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 13 - 1891*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 6 +7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Laundress*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo.*

13. NAME *Joe M. Hill*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

15. MAIDEN NAME *Elma Hill*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

17. INFORMANT (ADDRESS) *J. J. Deane 2945 - Lawton Blvd*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Father Dickson 4/29 1934*

19. UNDERTAKER (ADDRESS) *R. M. C. Green 3517 Acacia Ave*

20. FILED *1934* *J. J. Deane* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4 - 20 - 1934*

22. I HEREBY CERTIFY, That I attended deceased from *3 - 26 - 1934* to *4 - 20 - 1934*
I last saw her alive on *4 - 20 - 1934* Death is said to have occurred on the date stated above, at *7:05 p.m.*
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset *3-26-34*

Other contributory causes of importance: *946*

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify *Hospital*
(Signed) *H. J. Deane* M. D.
(Address) *2945 - Lawton Blvd*

