. S. No. 2
M—1/47
v. 5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 29 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36464

Registration District No. 317 — Primary Registration District No. 3063 — Registrar's No. 2239

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo. 23 days (Specify whether
In this community 53 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 800 Pacific
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas Pearl Hill
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Sep. 1
6. (b) Name of husband or wife Jennie Todd
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 4 (Month) - 4 (Day) - 1886 (Year)

8. AGE: Years 61 Months 6 Days 17 If less than one day hr. min.

9. Birthplace Dallas, Texas
(City, town, or county) (State or foreign country)
10. Usual occupation none
11. Industry or business

FATHER
12. Name Samuel L. Hill
13. Birthplace Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emily Clark
15. Birthplace Mt. Sterling, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Hill - Bro.
(b) Address 800 Pacific, Web. gr.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/27/47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Louis H. Bopp, M.
(b) Address 131 N. Argonne Dr. Richmond
19. (a) 10-27-47 (Date received local registrar) (b) Pearl L. Shay MD (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21
year 1947 hour 2 minute AM.
21. I hereby certify that I attended the deceased from July 28, 1947 to October 21, 1947
that I last saw him alive on October 21, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Epidermoid carcinoma of the lip c̄ cervical metastases — Duration 1½ yrs
Due to 450
Due to
Other conditions Bronchio pneumonia — 2 days
(Include pregnancy within 3 months of death)
Benign Hypertrophy of prostate
Inguinal Hernia
Major findings:
Of operations ~~none~~ Radical neck dissection May 1946
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature R L Herdener (M. D. or other)
Address Date signed 10-25-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Peter B. Dubroullet

Licensed Embalmer No. 3691

P. O. Address Richmond Heights 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 this body is not embalmed, fact should be so stated above.