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

Do not use this space.

29428

1. PLACE OF DEATH

County ..... Registration District No. 787 ..... File No. .....

Township ..... Primary Registration District No. 1002 ..... Registered No. 8503

City St. Louis (No. 3733 Finney Ave. St. ..... Ward)

2. FULL NAME Juliette Hillenkoetter

(a) Residence. No. 3733 Finney Ave. St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 15, 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	35	5	7	

8. OCCUPATION OF DECEASED 16

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Peter A. Wiltz

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Peoria
(STATE OR COUNTRY) Ill

12. MAIDEN NAME OF MOTHER Jettie Carroll

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Peoria
(STATE OR COUNTRY) Ill

14. INFORMANT Alfred Hillenkoetter
(Address) 3733 Finney Ave.

15. FILED ..... 19 ..... Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 22 1929

17. I HEREBY CERTIFY, That I attended deceased from July 30, 1929, to Aug 22, 1929, that I last saw her alive on Aug 21, 1929, and that death occurred, on the date stated above, at 2:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Stenosis

..... (duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Congestive Pneumonia
no Lobar or Bronchos #103 (duration) — yrs. — mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) William Winter, M. D.

Aug 22, 1929 (Address) 3325 S. Grand Av

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cem

DATE OF BURIAL Aug 24 1929

20. UNDERTAKER A. Kron L. U. Co

ADDRESS 2707 N. Grand

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.