

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

Do not use this space.

19744

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis Mo.*

(No. *Deaconess Hosp.*)

File No.
Registered No. **5737**
St. Ward)

2. FULL NAME

Infant of Frank P. & Marie Hilliker

(a) Residence. No. *3905 Utah Place* St., *16* Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *May 15 - 1931.*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, *8* hrs. or *—* min.

0

0

1

8. OCCUPATION OF DECEASED

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

None

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis Mo. 1

10. NAME OF FATHER

Frank P. Hilliker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis Mo.

12. MAIDEN NAME OF MOTHER

Marie Murry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis Mo.

14.

INFORMANT

Frank P. Hilliker

(Address)

3905 Utah Place

15.

FILED

May 19 1931

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 16 - 1931.*

17. I HEREBY CERTIFY, That I attended deceased from *May 15, 1931, to May 16, 1931* that I last saw him alive on *May 15, 1931*, and that death occurred, on the date stated above, at *2: a. m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Respiratory failure

no nose respiration from birth kept alive by oxygen & medical attention for 8 hours.

CONTRIBUTORY (SECONDARY)

Difficult Delivery

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *no* DATE OF

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

W. G. Jones

M. D.

716, 1931. (Address) *Deacon Bldg*

*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

DATE OF BURIAL

Boonville Mo.

5/17 - 1931.

20. UNDERTAKER

ADDRESS

Ziegenhein Bros. 2623 Cherokee St.

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.

RECORD

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