

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis Mo** (No. **4604** **Virginia**) St. _____ Ward _____

18050
 File No. _____
 Registered No. **4250**
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. **Herman H. Hillekroetter**, **15** Ward.
 (Usual place of abode) **4604 Virginia** (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 **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 20 - 1865**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 10 21

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Inspector of sidewalk**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **City of St. Louis Mo**
 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**

MOTHER FATHER
 13. NAME **Unknown**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Herman Hillekroetter**
 (ADDRESS) **4604 Virginia**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Crematorium** DATE **May 13 1933**

19. UNDERTAKER **John L. Ziegenhagen & Sons**
 (ADDRESS) **2247 Olive St**

20. FILED **47 13 1933** **F. Bredtke**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 11 1933**
 22. I HEREBY CERTIFY, That I attended deceased from **May 2 1933** to **May 11 1933**
 I last saw **him** alive on **May 10 1933** Death is said to have occurred on the date stated above, at **3 a.** m.

The principal cause of death and related causes of importance were as follows:
Carcinoma Date of onset **1/10/33**
Stomach and Pancreas
Primary seat unknown
 Other contributory causes of importance **4613**

Name of operation **none** Date of _____
 What test confirmed diagnosis? **X Ray** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 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? **no**
 If so, specify _____
 (Signed) **P. J. Heuer** M. D.
 (Address) **634 N. Grand Blvd.**

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.

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

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