

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

Do not use this space.

34444

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1170  
Township Central Primary Registration District No. 1170-8th  
City W.eyer (No. St. Marys Hospital)

File No. ....  
Registered No. 216  
St. 216 Ward)

**2. FULL NAME**

(a) Residence, No. 3843 Junata St. .... r. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6 - 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
42 10 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wick Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Germany

13. NAME Mustar H Hilmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Margaret Maertens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Elizabeth Hilmer (ADDRESS) 3843 Junata

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Hospital DATE Oct 20 1933

19. UNDERTAKER (ADDRESS) John J. ...

20. FILED Oct 23 1933 Gertrude Porter Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20th 1933

I HEREBY CERTIFY that I attended deceased from Oct 16th 1933 to Oct 20th 1933

I last saw him alive on Oct 20th 1933 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

Global Pneumonia (of onset Oct 16/33)

1170  
128

Other contributory causes of importance

Perforation of Stomach

Name of operation Repair of Perforation Date of Oct 16/33

What test confirmed diagnosis? 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? If so, specify

(Signed) Walter A. ... (Address) 4724 ...

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.

NOV 10 1933

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