

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

Do not use this space.

26438
6598

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City *St. Louis MO* (No. *3708*) *Harford* St. Ward

File No.....
 Registered No.....
 St. Ward

2. FULL NAME

Louise Hilger
 (a) Residence, No. *3708 Harford* 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 <i>Female</i>		4. COLOR OR RACE <i>White</i>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb 23/68</i>					
7. AGE		YEARS	MONTHS	DAYS	if LESS than 1 day, hrs. or min.
<i>77</i>		<i>4</i>	<i>10</i>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House work</i>				
	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) <i>MO</i>					
FATHER	13. NAME <i>Edward Hilger</i>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>				
MOTHER	15. MAIDEN NAME <i>unk now</i>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>				
17. INFORMANT (ADDRESS) <i>Marie Hilger 3708 Harford St</i>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Ma Crematory</i> DATE <i>July 5 1934</i>					
19. UNDERTAKER (ADDRESS) <i>J. J. Geubler Bros 2623 Olive St</i>					
20. FILED 19 <i>7/11/34</i> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 3 1934*

22. HEREBY CERTIFY That I attended deceased from *June 28* 19*34*, to *July 3* 1934
 I last saw her alive on *July 3* 1934. Death is said to have occurred on the date stated above, at *120* m.
 The principal cause of death and related causes of importance were as follows:
Heat exhaustion
 Other contributory causes of importance:
Chronic myocardial
Chronic Arthritis Deformans

Name of operation *none* Date of

What test confirmed diagnosis? *Chemical* 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.

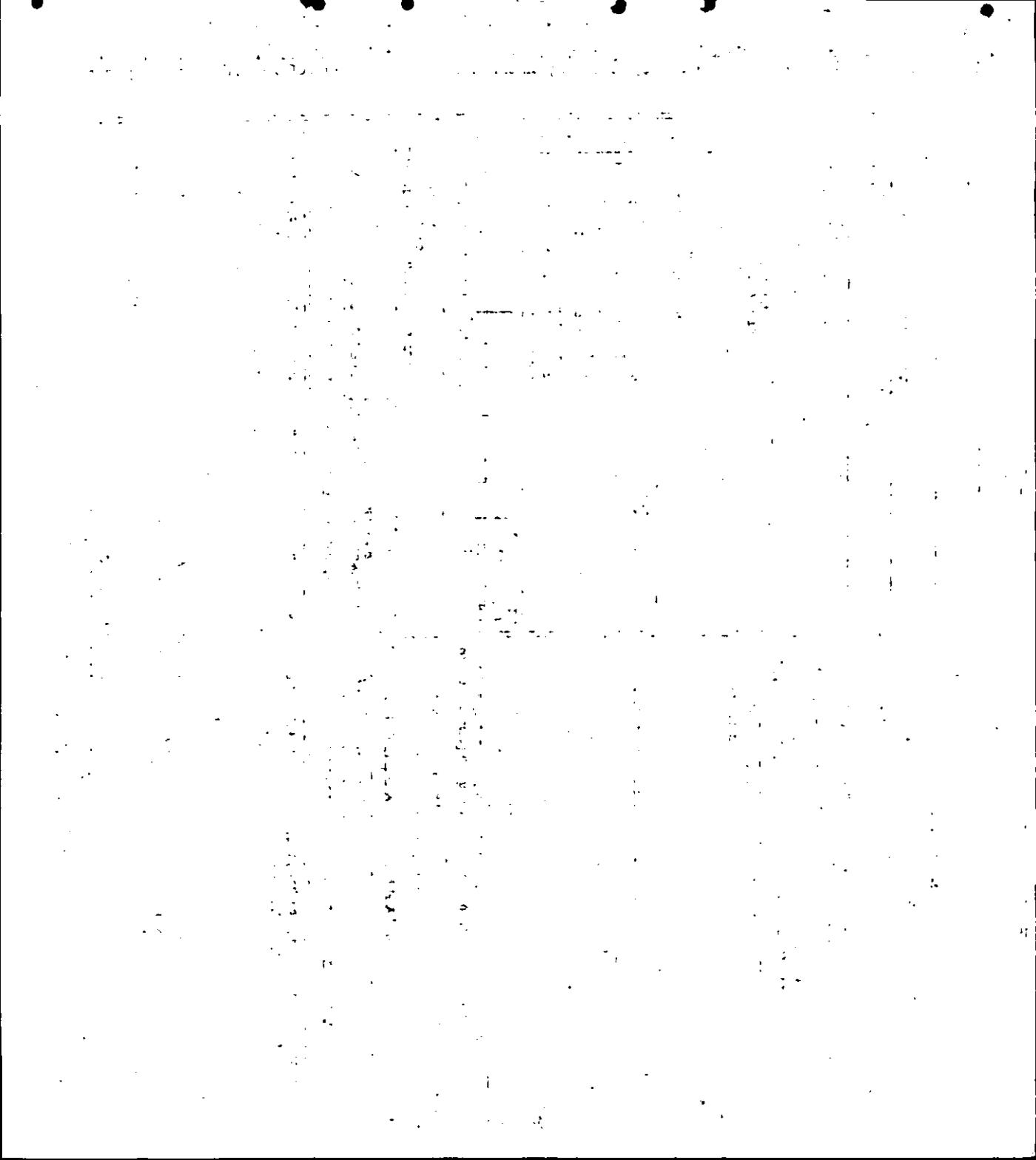
Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify.....

(Signed) *Edward E. Heisk*, M. D.
 (Address) *2801 - Chippewa St*

Date of onset
6-28-34
10 yrs ago
15 yrs ago
10 yrs ago

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.
 AUG 15 1934



St. Louis

65-98

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Louise Hilger
Who died at _____ on July - 3 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 22 Months 4 Days 10

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: _____

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____
(Signature of Registrar Dr. J. F. Bredest)

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 791 Very truly yours,

Primary Reg. Dist. No. 1003
(Date Filed 7-4-34)

E. T. McGaugh, M.D.
Special Agent.

264438