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 13 1934

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

Do not use this space.

37889

1. PLACE OF DEATH
County St Louis Mo. Registration District No. 791 File No.
Township Primary Registration District No. 1003 Registered No. 10376
City Missouri Pacific Hospital St. Ward)

2. FULL NAME Clarence Hileman
(a) Residence, No. De Soto Mo St., NR 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. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
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) 8-9-1931
7. AGE 3 YEARS 2 MONTHS 16 DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
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) De Soto Mo

FATHER
13. NAME Lonnie Hileman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Soto Mo

MOTHER
15. MAIDEN NAME Jenny Rupsky
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Soto

17. INFORMANT (ADDRESS) Lonnie Hileman De Soto Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE De Soto Mo DATE Oct 27 1934
19. UNDERTAKER (ADDRESS) Mothershead De Soto Mo
20. FILED OCT 26 1934 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1934, to Oct 25, 1934
I last saw him alive on Oct 25, 1934 Death is said to have occurred on the date stated above, at 3:40 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Foreign Body Left Lung	7-27-34
Suffocation	

Other contributory causes of importance: 1942 33

Name of operation Bronchoscopy Date of 10-22-34
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7-27, 1934
Where did injury occur? De Soto Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Swallowed Watermelon seed
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. A. Tenbrink M.D.
(Address) 1755 S. Grand Blvd

100M-11-24-33

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