JAN 13 1936

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

1. Do not use this space.

41212

File No. 10424
Registered No.

791

Registration District No.
Primary Registration District No. 1003

**1. PLACE OF DEATH**

County
Township
City St. Louis (No. 8012 Ivory Av. St. Ward)

**2. FULL NAME** William Henry Hilgers

(a) Residence, No. St., 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) Jan. 29. 1872

7. AGE: Years 63 | Months 10 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper
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) St. Louis (STATE OR COUNTRY) Mo

FATHER
13. NAME John P. Hilgers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Anna K. Richards
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Joe Gleck (ADDRESS) 402 W. Davis St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Int. Olive Cem. DATE 12-11-1935

19. UNDERTAKER C. Hoffmeister U+L Co. (ADDRESS) 7814 S. Broadway

20. FILED DEC 10 1935, 19 J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to Dec 8, 1935
I last saw him alive on Dec 6, 1935. Death is said to have occurred on the date stated above, at 5.15 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | Jan 1/35 |
| 59 | |

Other contributory causes of importance:
Arterio sclerosis
Diabetes Mellitus

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) A. M. Peters, M. D.
(Address) 4145 S Grand

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 CHARCOAL INK—THIS IS A PERMANENT RECORD