

JAN 13 1936

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

Do not use this space.

41489

1. PLACE OF DEATH

City St. Louis (No. Sealy Hosp.)  
Township \_\_\_\_\_  
Registration District No. 701  
Primary Registration District No. 7005

File No. \_\_\_\_\_  
Registered No. 10731  
St. \_\_\_\_\_ Ward)

2. FULL NAME Minerva Hilliker

(a) Residence, No. 4053 Wash St. St. 19 Ward.  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ray Hilliker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 9-1863</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>2</u>	DAYS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Servant</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>
	13. NAME <u>Don't know</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	15. MAIDEN NAME <u>Don't know</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>

17. INFORMANT Victor Debeck  
(ADDRESS) 2734 Princeton

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Martin DATE Dec 19 1935

19. UNDERTAKER Shelby Funeral Home  
(ADDRESS) 4336 Washington

20. FILED DEC 19 1935  
J. T. Predeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 185, to Dec. 18, 1935  
I last saw her alive on Dec. 17, 1935 Death is said

to have occurred on the date stated above, at 6:30 A. M.  
The principal cause of death and related causes of importance were as follows:  
Chronic hypertension, and arterio-sclerotic cardio-vascular disease.  
Sclerosis of coronary arteries.  
with coronary occlusion Uncertain.

Other contributory causes of importance  
None

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? History Was there an autopsy? No  
and physical exam.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1935

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) G. O. Brown, M. D.  
(Address) 1325 S. Grand

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.

