

NOV 15 1937

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

35675

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**

(b) Township ..... Primary Registration District No. **1003**

(c) City ..... (d) Street No. **Christian Hosp.** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred **22** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **9252**2. PRINT FULL NAME **Mabel Hiller,**

(a) Residence, No. **2159a College Ave.** St. **9**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **(write the word) Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF **H. E. Hiller**  
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **2/4/1890**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**47 7 28**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**

9. Industry or business in which work was done, as 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) **Reed City, Mich**  
 (STATE OR COUNTRY)

13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) **Mich.**  
 (STATE OR COUNTRY)

15. MAIDEN NAME **Georgia Loomis**

16. BIRTHPLACE (CITY OR TOWN) **Michigan**  
 (STATE OR COUNTRY)

17. INFORMANT **E. H. Hiller,**  
 (ADDRESS) **2159a College**

18. BURIAL, CREMATION, OR REMOVAL PLACE **NEW ST. MARCUS** DATE **9-4-37**

19. FUNERAL DIRECTOR **W. A. Stock Und. Co.**  
 (ADDRESS) **2117 E. Grand Blvd.**

20. FILED **1937** **J. Bredeck**  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/2/1937**

22. I HEREBY CERTIFY, That I attended deceased from **9-28-**, 19**37**, to **10-2-**, 19**37**

I last saw her alive on **10-2-**, 19**37**. Death is said to have occurred on the date stated above, at **7:30 A.**

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

**Hypostatic Pneumonia**  
**Bronchial** Date of onset **10/1/37**

Other contributory causes of importance:

**Carcinoma, Uterus** ?

Name of operation **Hysterectomy** Date of **9/28/37**  
 What test confirmed diagnosis? **Specimens** 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) **Nicholas J. Vitale, M. D.**(Address) **3861 St. Louis Ave.**

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.

Richard Vitale  
3861 St. Francis

Fr. 4113

1-3-7-8 90

STATEMENT BY LICENSED EMBALMER

I, Sheldon Callier, Licensed Embalmer No. 3382

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Sheldon Callier

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Sheldon Callier

Licensed Embalmer No. 3382

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)