

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12983

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **Christian Hospital** 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 **50** yrs. **6** mos. **29** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **3587**

2. PRINT FULL NAME

Amanda Hilker 4 2 6
 (a) Residence, No. **4249 Linton Ave.** St. **10**
 (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 (OR) WIFE OF Wife of Arthur Hilker				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1887				
7. AGE	YEARS 50	MONTHS 6	DAYS 29	IF LESS than 1 day,hrs. ormin.
OCCUPATION	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) March 1938		11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri			
	13. NAME Earnest Thiemann			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri			
	15. MAIDEN NAME Alvina Bent			
16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri				
17. INFORMANT Arthur Hilker (ADDRESS) 4249 Linton Ave.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Zions Cemetery DATE April 18 19 38				
19. FUNERAL DIRECTOR Suedmeyer & Sons (ADDRESS) 3934 N. 20th St.				
20. FILE APR 18 1938 J.P. Buddek Local Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-16** 19**38**
 22. I HEREBY CERTIFY, That I attended deceased from
Aug 19 19**37** to **April 16** 19**38**
 I last saw **her** alive on **April 16** 19**38**. Death is said
 to have occurred on the date stated above, at **5:00 A.M.**
 The principal cause of death and related causes of importance were as follows:

Carcinoma of
lung
Carcinoma of breast
 Date of onset
8/19/38
1/10/38
 Other contributory causes of importance:
Carcinoma of
Breast
 Name of operation **Prophy of breast** Date of **8/19/37**
 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? **No**
 If so, specify **No**
 (Signed) **W.M. Elovain**, M. D.
 (Address) **4350 Harne**

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

50M-7-2037
I X12004

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.

STATEMENT BY LICENSED EMBALMER

I, Geo. P. Schubert Licensed Embalmer No. 2212

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

L. E. _____

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed Geo. P. Schubert

Licensed Embalmer No. 2212

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.)