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.

FILED NOV 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

34219
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 9205

(c) City St Louis (d) Street No. 4511 a Clarence Ave 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 43 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Otto C Hilke

(a) Residence, No. 4511 a Clarence 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF the late Jennie Hilke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28th 1875

7. AGE: Years 62 | Months 9 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) St Louis (STATE OR COUNTRY) Missouri

FATHER

13. NAME George Hilke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Caroline Byeir

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Gerary Hilke (ADDRESS) 4511 a Clarence Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefountaine DATE Oct 25th, 1938

19. FUNERAL DIRECTOR (NAME) Stroot - Carroll (ADDRESS) 4600 Natural Bridge Ave

20. FILED OCT 24 1938 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23rd, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1938, to Oct 23, 1938

I last saw him alive on Oct 22, 1938. Death is said to have occurred on the date stated above, at 4.30 A.m.

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

	Date of onset
Carcinoma of stomach	9 Mos

Other contributory causes of importance:

Name of operation Gastroenterostomy Date of Jan 1938

What test confirmed diagnosis? Path 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) Sam F Beaum, M. D.

(Address) 3720 Washington St Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No. 2260

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.