

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.

REC'D APR 12 1939

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

8430
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. **Missouri Baptist Hospt.** 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **460 Charles Hiller Sr.**

(a) Residence, No. **1412 Walton Ave.** St. **6** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 **Adalaide F. Hiller**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 28, 1867.**
 7. AGE YEARS **72** MONTHS **1** DAYS **7** If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Metal Contractor**
 9. Industry or business in which work was done, as saw mill, bank, etc. **retired**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 5, 1939**
 22. I HEREBY CERTIFY, That I attended deceased from **2-21** 19**39** to **March 5** 19**39**
 I last saw him alive on **March 5, 1939** Death is said to have occurred on the date stated above, at **1245 P**
 The principal cause of death and related causes of importance were as follows:
Chro Myocardite
Arterio Sclerosis
 Other contributory causes of importance:
 Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New York City, New York.**

FATHER 13. NAME **Unknown Hiller**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown 9**

MOTHER 15. MAIDEN NAME **Unknown 9**

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

17. INFORMANT (ADDRESS) **Mrs Ruth Perkins 1412 Walton Ave.,**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park** DATE **Mar. 8, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **d. Hermann-Haral 1905 Union Blvd.**

20. FILED **MAR 7 1939** **J. B. Buehler** Local Registrar.

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 **Edwin J. Withers** M. D.
 (Signed) **E. J. Taylor**
 (Address) **8763 N. Taylor**

11-11-14
3805 E. Broadway
Jeff 3010

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 R. M. Sanford
Licensed Embalmer No. 3273
P. O. Address St. Louis

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