

38264

State File No.

10103

Registrar's No.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No.

701

Primary Registration District No.

1. PLACE OF DEATH:

1003

(a) County 1
 (b) City or town St. Louis,
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Baptist Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME

Bertha A. Hilleke, 420

3. (b) If veteran,

name war no.

3. (c) Social Security

No. none

4. Sex

Female

5. Color or race

White

6. (a) Single, widowed, married, divorced

Married

6. (b) Name of husband or wife

Anton

6. (c) Age of husband or wife if alive _____ years

51

7. Birth date of deceased

Sept. 6th, 1886

(Month) (Day) (Year)

8. AGE:

Years

53

Months

2

Days

21

If less than one day

hr. _____ min.

9. Birthplace

St. Louis, Mo.

(City, town, or county)

(State or foreign country)

10. Usual occupation

Housework

11. Industry or business

MOTHER FATHER

12. Name

Adolph Kem,

13. Birthplace

Germany

(City, town, or county)

(State or foreign country)

14. Maiden name

Mimmie Kelm,

15. Birthplace

Germany

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Anton Hilleke

(b) Address

2114 N. Broadway

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof Nov. 29th, 1939

Friedens Cem.

(c) Place: burial or cremation

18. (a) Signature of funeral director

W. K. Anderson, M. Co.
1417 N. Market Street.

(b) NOV 27 1939

19. (a)

(Date received local registrar)

(b)

J. F. Brueck

(Registrar's wife (sue))

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 26
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2114 N. Broadway
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 27
 year 1939 hour 1 minute 05A M.

21. I hereby certify that I attended the deceased from 11-26, 1939, to 11-27, 1939;
 that I last saw her alive on 11-27-39, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death

Meningitis

Duration

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

Where did injury occur? _____

(City or town)

(County)

(State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature

W. K. Anderson

(M. D. or other)

Address

4932 74th Land

Date signed

11/27

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

MAKING RESERVED FOR BINDING
Rev. 5-17-39
SUN-5-17-39
I x1931

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 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.