

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

Registrar's No. 291

1. PLACE OF DEATH: 1005 W. FEB 17 1940

(a) County St. Louis, Mo.  
 (b) City or town St. Louis, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Deaconess 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 4 1 3

3. (a) PRINT FULL NAME Mabel R. Hilliard.

8. (b) If veteran, name war none. 8. (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, Frank W. Hilliard. 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Aug. - 27 1887.  
 (Month) (Day) (Year)

8. AGE: Years 52. Months 4. Days 14. If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Chicago, Illinois  
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Charles S. Rice.

18. Birthplace New York  
 (City, town, or county) (State or foreign country)

14. Maiden name Larrah Carson.

15. Birthplace Indiana.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank W. Hilliard  
 (b) Address # 20 Lake Forest.

17. (a) Removal. (b) Date thereof 1-13-1940.  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brighton, Ill.

18. (a) Signature of funeral director C. R. Supton, Son  
 (b) Address # 1223 Selma Blvd.

19. (a) JAN 11 1940 (b) \_\_\_\_\_  
 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County NR

(c) City or town Richmond Heights.  
 (If outside city or town limits, write "RURAL")

(d) Street No. # 20 Lake Forest.  
 (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10  
 year 1940 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from Sept 22, 1939 to Jan 10, 1940, that I last saw her alive on Jan. 10, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinomatosis Duration 3 mo.

Due to Carcinoma of Ovary. 6 md. (?)

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) ✓

Major findings: Of operations MR

Of autopsy Carcinoma - Lung. liver  
Pleura - Ovary -

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) 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 A. R. Sheffer (M. D. or other) \_\_\_\_\_  
 Address 1020 No. Thayer Bldg. Date signed 1-11-40

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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.

WITH PERMIT USE CONTAINING BLACK INK—MAKE A PERMANENT RECORD

mo. 28th  
9c - 7469  
18889

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**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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St Louis, Mo

**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.**