FILED JUN 15 1940

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16657

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4135

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: 1

(a) County

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

(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Maplewood NR
(If outside city or town limits write "RURAL")

(d) Street No. 7215 Lyndover Place
(If rural, give location)

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

3. (a) PRINT FULL NAME MARGARET HILTON 435

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female

5. Color or race W.

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

6. (b) Name of husband or wife William Hilton

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May (Month) 8 (Day) 1866 (Year)

8. AGE: Years 73 Months 11 Days 28 If less than one day hr. min.

9. Birthplace Cincinnati, (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation at home 5

11. Industry or business 5

FATHER 12. Name Unknown

13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER 14. Maiden name Unknown

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

16. (a) Informant Florence Hilton (daughter)

(b) Address 7215 Lyndover Place Maplewood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9, '40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [illegible]

(b) Address 7146 Manchester Ave.

19. (a) MAY 8 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1940 hour 2 minute 05A.M.

21. I hereby certify that I attended the deceased from April 11, 1940 to May 6, 1940 that I last saw her alive on May 5, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Senile Arteriosclerosis-General	7 yrs.
Due to Senility 53	
Due to	
Other conditions 3rd degree uterine prolapse (Include pregnancy within 3 months of death)	2 yrs
Abdominal carcinoma (?)	

Major findings: Of operations Primary site unknown

Of autopsy Autopsy refused

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 —

(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 Douglas A. Lies (M. D. or other) MD

Address 7166 Manchester Ave. Date signed 5/8/40

(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: Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address 7146 Manchester Ave.

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.