No. 2 11-10-39	DEPARTMENT OF COMMERCE MISSOURI STATE E BURBAU OF THE COMMERCE CT AND ADD CEDTIL	1) 1) [7] //
5-17-39 I X21492	16 1940 SIMILONING CERTIF	FICATE OF DEATH State File No. 33704 trict No. 1003 Registrar's No. 8461
•	Primary Registration Dist. PLACE OF DEATH;	2. USUAL RESIDENCE OF DECEASED:
	(a) County	(6) State N O . (b) County
PERMANENT RECORD	(if outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution: St. Louis Children's Hospital	(c) City or town St. Louis (If outside city or town limits write "RURAL")
7 ×	(If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution 3.2.2.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.	(d) Street No. 6546 Lindenwood (If rurs), give location)
ANE	In this community L. C. (Speciffwhether years, months or days)	(e) If foreign born, how long in U. S. A.?
ERM	8. (a) PRINT Hilzeman Janet Carol	MEDICAL CERTIFICATION
<	8. (b) If veteran, name war Child No. Child	20. DATE OF DEATH: Month day winute 45 A M.
-MAKE	5. Color or 6. (a) Single, widowed, married,	21. I hereby certify that I attended the deceased from 9 - 8 - 40
	4. Ser F race W divorced Chald 6. (b) Name of husband or wife Child 6. (c) Age of husband or wife if	that I last saw h. e.r. alive on /5/9/40 19 : and that death occurred on the date and hour stated above.
K INK	allveyears	Immediate cause of death Duration
BLACK	(Month) (Day) (Year)	" "
	8. AGE: Years Months Days If less than one day	Due to
UNFADING	9. Birthplace St. Louis , Mo. U (City, town, or county) (State or foreign country)	Due to
	10. Usual occupation Child	Other conditions (Include prepancy within 3 months of death)
USE	11. Industry or business	Major findings: Of operations.
	12. Name A Hilgeman, Jr.	Underline the cause to which death should be
LAI	St Louis 15. Birthplace	charged sta- charged sta- tistically. 22. If death was due to external causes, fill in the following:
WRITE PLAINLY	(City, town, or county) (State or foreign country) 16. (a) Informant	(a) Accident, suicide, or homicide (specify)
WR	(b) Address 46 S. Kinghwa. 17. (a) Burial (b) Date thereo Oct 10 1940	(c) Where did injury occur? (City or town) (County) (State)
-	(Bariel, cremation, or removal) (Month) (Day) (Tear) (c) Place: burial or cremation Lakewood Park Cemetery	(d) Did injury occur in or about home, on farm, in industrial place, in public place?
	18. (a) Signature of funeral director Beiderwieden Funeral Hom (b) Address 1936 St Louis Ave	Time!!! (Par) an
	19. (a) CT 12 1940 (b) The later of the late	Address Date signed.
İ	(Licensed Embalmer's Sta	stement 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 Delix J. Mispin		

P.O. Address 1936 St Tames

Licensed Embalmer No. 3 4 9

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.