S. No. 2
—11-10-39
. 5-17-39
D-1 X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40559

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 10330

1. PLACE OF DEATH:

(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: City Hospital No. 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 19 Days (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County ____
(c) City or town St. Louis (If outside city or town limits write "RURAL")
(d) Street No. 3256 No. 20 St (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____

3. (a) PRINT FULL NAME John C. Hillman
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louisa Hillman
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased July (Month) 16 (Day) 1859 (Year)

8. AGE: Years	Months	Days	If less than one day
81	4	29	hr. ____ min.

9. Birthplace ____ (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Confectioner
11. Industry or business "Self" Retired
MOTHER FATHER
12. Name Unknown Hillman
13. Birthplace ____ (City, town, or county) Germany (State or foreign country)
14. Maiden name Unknown
15. Birthplace ____ (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs. Louisa Hillman
(b) Address 3256 No. 20 St
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Dec 17 40 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crem.
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) DEC 17 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 year 1940 hour 5.30 minute P. M.
21. I hereby certify that I attended the deceased from 10/26/40 ____, 19____; to 12/15 ____, 1940; that I last saw him alive on 12/15 ____, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder — Duration
Due to ____
Due to ____
Other conditions (Include pregnancy within 3 months of death) ____
Major findings: Of operations No operation
Of autopsy Carcinoma of Bladder

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature D. J. McDonald (M. D. or other)
Address 1515 Lafayette Date signed 12/16/40

(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 R. W. Sanford

Licensed Embalmer No. 2373

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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