

FILED JUL 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

20522

FILED JUL 21 1941

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

5334

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

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:
1 6845 MAGNOLIA AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 23 YEARS
years, months or days ALIAS

3. (a) PRINT FULL NAME LLOYD G. HILBORN (GEO. H. HILBORN)

3. (b) If veteran, name war WORLD WAR
3. (c) Social Security No. NIL

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife BESSIE GEORGE HILBORN 6. (c) Age of husband or wife if 53 years

7. Birth date of deceased 2 (Month) 4 (Day) 1887 (Year)

8. AGE: Years 54 Months 4 Days 22 If less than one day hr. _____ min. _____

9. Birthplace PHILADELPHIA (City, town, or county) PENN. (State or foreign country)

10. Usual occupation INTERIOR DECORATOR

11. Industry or business _____

12. Name UNKNOWN PT

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

14. Maiden name UNKNOWN

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

16. (a) Informant Bessie G. Hilborn

(b) Address 6845 Magnolia Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/41 (Month) (Day) (Year)

(c) Place: burial or cremation NAT'L CON JACKERSON HALL

18. (a) Signature of funeral director Metzger's Funeral Home

(b) Address Metzger's Funeral Home

19. (a) JUN 28 1941 (Date received local registrar) (b) J. J. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County NIL
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 6845 MAGNOLIA AVE
(If rural, give location)
(e) Not attending Physician years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 28
year 1941 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death:
Coronary Occlusion
Arterio Sclerosis
Myocardial Infarction

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

Major findings: Of operations _____
Of autopsy _____

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 Alfred J. Perry (M. D. or other) 3
Address Republic, Chicago Date signed 6/28/41

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

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

Albert G. Hopp

Licensed Embalmer No. 2971

P. O. Address.....

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.