

FILED FEB 24 1942 7911

Registration District No. Primary Registration District No. 1003

Registrar's No. 453

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:
DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

3. (a) PRINT FULL NAME George W. Hilleary
3. (b) If veteran, name war..... No.....
3. (c) Social Security No. No

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sally M. Hilleary
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Oct. 22nd, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 2 21 hr. min.

9. Birthplace Frederick Maryland
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Railroad Engineer

MOTHER FATHER { 12. Name Gus Hilleary
13. Birthplace Frederick Maryland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Kieffer
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Hilleary
(b) Address 1461 Delmar Ave

17. (a) Burial (b) Date thereof 1/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Robert J. Amhruster
(b) Address 6633 Clayton Road

19. (a) 1/15/42 (b) J. F. Brueck
(Date received) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1461 Delmar Ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13th
year 1942 hour 11 minute A M.

21. I hereby certify that I attended the deceased from 12/12/41
19..... to 1/13/42 19.....
that I last saw him alive on 1/13/42 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinoma of stomach don't know

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 9 months of death)

Major findings:
Of operations.....
Of autopsy.....
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 Walter H. Spoereman M.D. or holder
Address 1506 St. Louis Ave Date signed 1/14/42

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

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Handwritten signature/initials

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.....

Licensed Embalmer No. 1994

P. O. Address. St. Louis

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, fact should be so stated above.