

FILED MAR 2 1942

Registration District No. _____ Primary Registration District No. **109**

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

1. PLACE OF DEATH: **St. Louis**
(a) County _____
(b) City or town **Maplewood Missouri.**
(c) Name of hospital or institution: **Maplewood Nursing Home.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days)
3. (a) PRINT FULL NAME **Marie Hilger,**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **None.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single.**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years 7th, 1865 (Day) (Year)

7. Birth date of deceased **August 7th, 1865**
(Month) (Day) (Year)

8. AGE: Years **76** Months **6** Days **15** If less than one day _____ hr. _____ min.

9. Birthplace **Unknown Missouri.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House-Work**

11. Industry or business _____

12. Name **Edward Hilger**

13. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Marie Gotzweiler**

15. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Louise Reed**
(b) Address **7332 Maple Ave. Maplewood Mo.**

17. (a) **Cremation** (b) Date thereof **Feb. 24, 1942.**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Missouri Crematory.**

18. (a) Signature of funeral director **Ziegler Bros.**
(b) Address **6209 Gravois Ave.**

19. (a) **FEB 24 1942** (b) **E. H. Heiple**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri.** (b) County _____
(c) City or town **Saint Louis, Co. Mo.**
2200 Bredell (If outside city or town limits, write "RURAL")
(d) Street No. **Maplewood Nursing Home.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** day **22nd,**
year **1942.** hour **4** minute **0** A. M.

21. I hereby certify that I attended the deceased from **Jan 10, 1942** to **Feb 22, 1942**
that I last saw her alive on **Feb 20, 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **chronic myocardial heart disease**

Due to _____
Due to **920**

Other conditions **chronic arthritis deformans**
(Include pregnancy within 3 months of death)
Major findings: _____
Of, operations _____

Of autopsy _____
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? **no** (Specify type of place) (e) Means of injury _____

23. Signature **E. H. Heiple** (M. D. or other) **M.D.**
Address **3712 Hartford** Date signed **2-24-42**

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 V E Morris

Licensed Embalmer No. 3360

P. O. Address 6409 Gravois

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.