

FILED MAY 1942

STANDARD CERTIFICATE OF DEATH

State File No. 3646

Registration District No. 791

Primary Registration District No.

Registrar's No.

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 1 week
(Specify whether years, months or days)
In this community 59 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6132 Pershing
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME LAURA HUTTIG HILMER

3. (b) If veteran, name war no 3. (c) Social Security No. NO

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Wm. H. Hilmer 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased October 21, 1868
(Month) (Day) (Year)

3. AGE: Years 73 Months 6 Days 2 If less than one day hr. min.

9. Birthplace Muscatine, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name Christian Huttig
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Schroeder
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. H. Hilmer
(b) Address 1627 Locust St.

17. (a) entombment (b) Date thereof 4/25/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Alexander & Son

(b) Address 6175 Delmar Blvd

19. (a) 1942 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1942 hour — minute — M.

21. I hereby certify that I attended the deceased from April 10
1942 to April 23, 1942
that I last saw h. ex alive on April 22, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 13 days

Due to Chronic Myocarditis yes

Due to general arteriosclerosis yes

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations J. J. [Signature]
Of autopsy J. J. [Signature]
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 0

23. Signature Arthur [Signature] (M. D. or other) M.D.
Address 2202 University Date signed 4/24/42

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

Dr. F. H. Hunkeler

2202 University

12-2-56

Ans.

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.....

Raymond J. Morris

Registered Apprentice No. 290

working under my personal supervision.

Signed Joe. E. McCulloch

Licensed Embalmer No. 3460

P. O. Address 6120 Pullman

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.