

FILED NOV 16 1942 318

Primary Registration District No. ....

1003

Registrar's No. 9213

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:  
Enroute to City Hospital 3  
(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 Herman Hilmas

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 Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Nov. 21st 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 11 11 hr. min.

9. Birthplace Breese, Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation General Laborer

11. Industry or business.....

12. Name John J. Hilmes

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

14. Maiden name Anna Geers

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

16. (a) Informant Charles Stuever

(b) Address 4411 Gravois Ave,

17. (a) Removal (b) Date thereof 11-5-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carlyle, Ill.

18. (a) Signature of funeral director Frerker Funeral Home

(b) Address Carlyle, Ill.

19. (a) J. F. Brodeur  
(Name of local registrar) (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. 4411 Gravois Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
No attending Physician

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 2  
year 1942 hour..... minute..... P. 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..... Duration.....

Chronic Myocarditis

Chronic Interstitial Nephritis

Due to.....

Other conditions..... (Include pregnancy within 3 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 Alfred J. Perry (M. D. or other)

Address 4411 Gravois Date signed 11-4-42

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**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.....

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, fact should be so stated above.**