

MAR 15 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No.

2081

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:  
2743 Ann Ave. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether  
In this community 5 Years (Specify whether  
years, months or days)

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. 2743 Ann Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME WILLIAM B. HILLEN

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

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

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

7. Birth date of deceased April 1st 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 11 1 hr. min.

9. Birthplace Belgrade, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name John Hillen

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

14. Maiden name Francis Hawkins

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

16. (a) Informant Blanche Pappas

(b) Address 2743 Ann Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/43. (Month) (Day) (Year)

(c) Place: burial or cremation Irondale Mo.

18. (a) Signature of funeral director A. H. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) MAR 3 1943 (Date received local registrar) (b) J. F. Bruleak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd  
year 1943 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb. 27  
1943 to Mar 2 1943  
that I last saw him alive on Mar 2 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Emiplegia - Ch. Myocardia  
Due to Senility

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

Duration

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 R. Berg (M. D. or other)  
Address 213 N. 1st Date signed 3/2/43

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

MOTHER FATHER

**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..... *L. R. Cooper* .....

Licensed Embalmer No. *3633* .....

P. O. Address..... *2917 Lafayette* .....

**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.**