S. No. 2
M—2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 4 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 16210

Registrar's No. 4593

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: 4525a Fair 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 Birth
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 7 10

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4525a Fair Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Irene A. Hilkerbaumer

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife None

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

7. Birth date of deceased October 23, 1898
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
44	6	21	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Northwestern Nat. Bank

FATHER
12. Name John Hilkerbaumer
13. Birthplace Unknown (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Johanna Ridder
15. Birthplace Unknown (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Elsie Hilkerbaumer
(b) Address 4525a Fair Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/43 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) MAY 18 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th year 1943 hour 8:40 PM minute M.

21. I hereby certify that I attended the deceased from Jan 20, 1941, to May 14, 1943 that I last saw her alive on May 14, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemiplegia	2 days
Due to High Blood Pressure	1/20/41 to date
Due to Diabetes Mellitus	3 years
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations No operation	
Of autopsy No 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) No

(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? — (Specify type of place)

While at work? — (e) Means of injury —

23. Signature William T. Hinchel (M. D. or other) M.D.
Address 3500 N Grand Date signed 5/17/43

(Licensed Embalmer's Statement on Reverse Side)

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 Francis A. Williamson

Licensed Embalmer No. 3265

P. O. Address St. Louis, Mo.

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.