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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1943

Registration District No. 317

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22401

Primary Registration District No. 6076

Registrar's No. 1394

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 116 W. Loretta ave. /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96 0

(c) City or town Lemay 0
(If outside city or town limits, write "RURAL")

(d) Street No. 116 W. Loretta ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Minna Hillgaertner

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race 1 White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Fred Hillgaertner

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

7. Birth date of deceased November (Month) 5 (Day) 1862 (Year)

8. AGE: Years 80 | Months 7 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Unknown Bogusch
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. C. Moore

(b) Address 116 W. Loretta ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15-43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Lutheran Cem.

18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.

(b) Address 7814 S. Broadway

19. (a) JUN 16 1943 (Date received local registrar) (b) E. G. McGavron MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1943 hour 5:15 minute A M.

21. I hereby certify that I attended the deceased from May 1943 to June 1943 that I last saw her alive on June 11 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 6 mo

Due to Nephritis Chronic With Edema and Ascitis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 131 f

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. White (M.D. or other)

Address 4 Lemay Ferry Rd Date signed 6-12-43

707

(Licensed Embalmer's Statement on Reverse Side)

Dr.J.G.White MD Lemay Ferry Rd.

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 Jane A. Franklin, Registered Apprentice No. _____, working under my personal supervision.

Signed Jane A. Franklin

Licensed Embalmer No. 3477

P. O. Address 781480. Broadway

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.