

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32791

FILED SEP 22 1943
Registration District No. 360

Primary Registration District No. 6225

State File No.

Registrar's No. 136

1. PLACE OF DEATH:
(a) County Nevada
(b) City or town Wash Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 2 years 8 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4112 Buerger
(If rural, give location)
(e) Citizen of foreign country? No
(Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LILLIAN-HILLGEMAN

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive 12 years

7. Birth date of deceased May 12 1883
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 26 If less than one day
— hr. — min.

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

10. Usual occupation formerly Marker in Laundry

11. Industry or business none

12. Name William Hillgeman
13. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary Smith
15. Birthplace St Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hosp No 3
(b) Address Nevada Mo.

17. (a) Person (b) Date thereof Sep 9 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Louis Mo.

18. (a) Signature of funeral director Arthur L. Karp
(b) Address Nevada Missouri

19. (a) 9-9-43 (b) Hazel B. Beulach
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8
year 1943 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Aug 30, 1943 to Sept 8, 1943
that I last saw her alive on Sept 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Arteriosclerosis
Heart Disease

Due to...

Due to...

Other conditions Generalized Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:

Of operations...

93d

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) 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?

While at work? (Specify type of place) (c) Means of injury...

23. Signature Paul L. Barone (M. D. or other)

Address State Hosp No 3 Date signed Sept 8

1-21

(Licensed Embalmer's Statement on Reverse Side)

Nevada Mo

1943

SEP-22 1943

RECEIVED

District Health Officer No 71

District File Number 8-43-947

Date Filed 9-21-43

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 _____
working under my personal supervision.

Signed Mack A Basswell
Licensed Embalmer No. 2529

P. O. Address Nevada, nev

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.