

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32791

State File No. \_\_\_\_\_

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 136

1. PLACE OF DEATH:

(a) County Nevada  
(b) City or town Wash. Twp.  
(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 2 years & days (Specify whether years, months or days)

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 — years  
7. Birth date of deceased May 12 1873 (Month) (Day) (Year)

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

MOTHER FATHER { 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) Removal (b) Date thereof Sep 9 1943 (Month) (Day) (Year)  
(Burial, cremation, or removal)

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

18. (a) Signature of funeral director Wm T. Karp

(b) Address Nevada Missouri

19. (a) 9-9-43 (b) Paul B. Barone (Date received local registry) (Registrar's signature)

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 B. Surgen (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

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 Arteriosclerotic Heart Disease  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Generalized Arteriosclerosis  
(Include pregnancy within 5 months of death)

Major findings: Of operations 93d  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following: NO!  
(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 Paul B. Barone (M. D. or other) State Hosp No 3 Date signed Sept 8 1943  
Address \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Mack A Braswell

Licensed Embalmer No. 2529

P. O. Address Nevada 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.