

FILED NOV 27 1943

Registration District No. **2**

Primary Registration District No. **6076**

Registrar's No. **2567**

1. PLACE OF DEATH:

(a) County **St. Louis.**

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

(c) Name of hospital or institution:
2519 Hord Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **50 Years.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **St. Louis**

(c) City or town **Jennings.**
(If outside city or town limits, write "RURAL")

(d) Street No. **2519 Hord Ave.**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Frieda Hilligardt.**

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, widowed **Divorced Widowed**

6. (b) Name of husband or wife **Late Philip Hilligardt**

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

7. Birth date of deceased **February 10 1871**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	9	8	hr. min.

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

10. Usual occupation **Housework.**

11. Industry or business

MOTHER FATHER {

12. Name **Johann Rieger.**

13. Birthplace **Germany.**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown.**

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

16. (a) Informant **Fred V.P. Hilligardt.**

(b) Address **2519 Hord Ave.**

17. (a) **Burial** (b) Date thereof **11-22-43.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. John's Cemetery**

18. (a) Signature of funeral director **Hy. Leidner Und. Co.**

(b) Address **2223 St. Louis Ave.**

19. (a) **NOV 22 1943** (b) **E. H. Mc Lauran**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November**, day **18**
year **1943** hour **11:30** P.M. minute **M.**

21. I hereby certify that I attended the deceased from **8-9-**
1942 to **Nov. 18 - 1943**
that I last saw **her** alive on **Nov. 18 - 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Permeant Arteriosclerosis**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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) (c) Means of injury

23. Signature **J. Phylar** (M. D. or other) **0**

Address **607 N. Grand St.** Date signed **11-19-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

J. P. Ayers 1-2 (P.M.)
819. Medical Dept. Bldg.

MAY 4 1944

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 Harold L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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.