S. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12901

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4207

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: St. Anthony's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days (Specify whether years, months or days)
In this community 62 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3517 Alberta (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Adele Hilker
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
6. (b) Name of husband or wife Fred W. Hilker
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 28, 1877. (Month) (Day) (Year)
8. AGE: Years 66 Months 10 Days 6 If less than one day hr. min.
9. Birthplace — — (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation Housework
11. Industry or business
MOTHER FATHER
12. Name John Edens
13. Birthplace — — (City, town, or county) Germany 4 (State or foreign country)
14. Maiden name Johanna Kelting
15. Birthplace — — (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Allen Hilker
(b) Address 4620a Margaretta Ave.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof May 8, 1944. (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director CALVIN F. FEUTZ FUNERAL HOME
(b) Address 4828 Natural Bridge Blvd.
19. (a) MAY 8 (Date received local registrar) (b) J. F. Budesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th year 1944 hour 11:30 minute A. M.
21. I hereby certify that I attended the deceased from 7-8-41 19 to 5/4/44 19; that I last saw him alive on 5-4-44 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebral Hemorrhage 6 days
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy No

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? Means of injury
23. Signature Joseph L. Bergen (M. D. or other)
Address 40 G.S. So. Broad Date signed 5/5-44

(Licensed Embalmer's Statement on Reverse Side)

4065 Grand 1-3

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 John Dean Harris, Registered Apprentice No. 363, working under my personal supervision.

Signed John Ketter

Licensed Embalmer No. 3880

P. O. Address

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.