

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12902
State File No. 4033

FILED MAY 15 1944
Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Madison
(b) City or town East Alton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 37 days
In this community 37 days
years, months or days

3. (a) PRINT FULL NAME FRANK Augustus Hillier
3. (b) If veteran, name war no.
3. (c) Social Security No. 480-18-1620

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Willie Hillier
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Nov 3 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 27
If less than one day hr. min.

9. Birthplace Knox Co Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter and Builder

11. Industry or business

12. Name Jessie Hillier

13. Birthplace not known 9
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Hillier

(b) Address East Alton Ill. R.R. 1

17. (a) East Alton Ill. (b) Date the of. 5-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Ill

18. (a) Signature of funeral director J. F. Braddock

(b) Address East Alton Ill.

19. (a) MAY 1 1944 (b) Registrar's signature J. F. Braddock
(Date of local registration)

2. USUAL RESIDENCE OF DECEASED: 999
(a) State Illinois (b) County Madison
(c) City or town East Alton
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. no. 1
(If rural, give location) N.R.
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1944 hour 5 minute 5 A.M.

21. I hereby certify that I attended the deceased from March 24, 1944, to April 30, 1944,
that I last saw him alive on April 30, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas
Duration unknown

Due to Ho of
Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma of Pancreas
Of operation Carcinoma of Pancreas
Of autopsy Carcinoma of Pancreas
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?

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

23. Signature M. C. Abney (M. D. or other)

Address BARNES HOSPITAL Date signed 5/1/44

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed Ben H. Baldwin
Licensed Embalmer No. 2420
P. O. Address East 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.