

FILED NOV 1 1944

State File No.

Registration District No. 18

Primary Registration District No. 1003

Registrar's No. 9143

1. PLACE OF DEATH:
 (a) County
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 DAYS
(Specify whether
 In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 917
 (d) Street No. 6 Shaw Place
(If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Adele T. Hilliker
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 26
 year 1944 hour 4 minute P.M.
 21. I hereby certify that I attended the deceased from Oct. 19-1944
 _____, 19____, to Oct 26, 1944
 that I last saw him alive on Oct 26, 1944
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Benjamin J. Hilliker
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased February 14 1874
(Month) (Day) (Year)

Immediate cause of death
Cardiac failure
 Due to Ch. Myocarditis & passive congestion
 Due to.....
 Other conditions (include pregnancy within 3 months of death)
9/8

8. AGE: Years Months Days If less than one day
70 8 12 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name John Peter Wm. Thul
 13. Birthplace 4 Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Katherine Peters
 15. Birthplace 4 Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Virginia Hilliker
 (b) Address # 6 Shaw Place

17. (a) Cremation (b) Date thereof Oct. 23, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Wagoner Mortuary
 (b) Address 4161 Lindell Blvd.

19. (a) OCT 23 1944 (b) J. A. Bredeck
(Date received local registrar) (Registrar's signature)

Major findings:
 Of operations.....
 Of autopsy.....

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 G. L. Howard (M. D. or other)
 Address: 720 Washington Date signed Oct 27 1944

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

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

Neville B. Frohwitter

Licensed Embalmer No.

3696

P. O. Address

416 Lindell St

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.