

FILED NOV 13 1944

Registration District No. 31

Primary Registration District No. 6076

Registrar's No. 2245

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

1. PLACE OF DEATH St. Louis

(a) County Manchester, Mo.

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

(c) Name of hospital or institution: Manchester Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 65 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999

(c) City or town East St. Louis Ill.
(If outside city or town limits, write "RURAL")

(d) Street No. 1358 N. 43rd. St.
(If rural, give location)

(e) Citizen of foreign country? 9 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frederick Hilligardt

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31st.
year 1944 hour 3:50 minute PM. M.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife late Bertha Hilligardt

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

7. Birth date of deceased Sept 18th. 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 1
1943 to Oct 31, 1944;
that I last saw him alive on Oct 31, 1944;
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 1 Days 13
If less than one day _____ hr. _____ min.

Immediate cause of death coronary insufficiency Duration _____

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

10. Usual occupation none

Due to chronic myocarditis

Due to 93d

11. Industry or business _____

12. Name unknown

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

14. Maiden name unknown

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

Other conditions C
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

16. (a) Informant Mrs. Joseph P. Hartman

(b) Address 1358 N. 43rd. St. E. St. Louis

17. (a) Burial (b) Date thereof 11-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Bellefontaine Cemetery Hy. Leidner U. Co.

18. (a) Signature of funeral director _____
(b) Address 2223 St. Louis Ave.

19. (a) NOV 4 1944 (b) E. J. McLauran
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

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 A. J. Merkle (M. D. or ND)
Address 7507 Potomac Date signed 11-2-44

Mr. Merdlein
3507 Potomac St. 1863

NOV 29 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.....

500940

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

John P. Buchholz

Licensed Embalmer No. *1674*

P. O. Address. *2223 St. Louis Ave*

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.