S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

#42799

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1945

Registration District No. 348

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18832

Primary Registration District No. 1003

Registrar's No. 5060

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. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 DAY (Specify whether
In this community
years, months or days)

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. Comport Hotel 9th Chestnut St
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Emil Hilker

3. (b) If veteran, name war WAR No 1

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE 2

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

6. (b) Name of husband or wife ROSE

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

7. Birth date of deceased FEB (Month) 24 (Day) 1888 (Year)

8. AGE: Years 57 | Months 3 | Days 12 | If less than one day hr. min.

9. Birthplace ST LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation BOOK KEEPER

11. Industry or business AMERICAN WINE Co.

FATHER
12. Name WILLIAM F HILKER
13. Birthplace (City, town, or county) GERMANY U (State or foreign country)

MOTHER
14. Maiden name MINIA HERPER
15. Birthplace (City, town, or county) GERMANY U (State or foreign country)

16. (a) Informant ALMA HEILMAN
(b) Address 4412 ALTHONE AV.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6- (Month) 9- (Day) 1945 (Year)
(c) Place: burial or cremation LAKE CHARLES CEM.

18. (a) Signature of funeral director MEEK DICKMAN FUNERAL
(b) Address HOME 4365 WASHINGTON AV.

19. (a) JUN 8 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 6th year 1945 hour 7:40 minute P. M.

21. I hereby certify that I attended the deceased from 6/5/45, 19, to 6/6/45, 19;
that I last saw him alive on 6/6/45, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio sclerotic heart disease

Due to

Due to

Other conditions Cirrhosis of liver; Pernicious anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same

Duration

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? (e) Means of injury

23. Signature Ew Gebrauch (M. D. or other)
Address 1513 Lafayette Date signed 6/7/45

(Licensed Embalmer's Statement on Reverse Side)

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 John Ketter

Licensed Embalmer No. 3880

P. O. Address St Louis Mo.

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.