

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

FILED NOV 29 1945
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10137**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Enroute to City Hospital 3
(If not in hospital or institution, write street number or location)

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

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 2816 S. Jefferson Ave.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary Hilfiker

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jacob Hilfiker 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased March 20, 1904
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>41</u>	<u>8</u>	<u>1</u>	hr. _____ min. _____

9. Birthplace Green Bay Wisconsin /
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Stephan Borcsok

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

14. Maiden name Anna

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

16. (a) Informant Jacob Hilfiker
(b) Address 2816 S. Jefferson Ave.

17. (a) Burial (b) Date thereof Nov. 24, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Bl.

19. (a) NOV 23 1945 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
year 1945 hour 8 minute 0 P. M.

21. I hereby certify that I attended the deceased from 1942
to Nov. 21, 1945
that I last saw her alive on Nov. 21, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 10 hrs

Due to Hypertension

Due to car. myocarditis

Other conditions car. Cholecystitis - Non-calculous

(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 Leo J. Young (M. D. or other) _____
Address 2621 S. Jefferson Date signed 11/23/45

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 *Sam A. Stewart*.....

..... Licensed Embalmer No. 3722.....

..... P. O. Address 412 Duchouquette 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.