

3. No. 2
-12-45
5-17-39
P I X47070

FILED APR 8 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3184**

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 yrs. 7 mos. 15 ds.
In this community 58 yrs. 6 mos. 29 ds.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME EDWARD HILKER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____

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

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

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>6</u>	<u>29</u>	hr. min.

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

10. Usual occupation nil

11. Industry or business _____

MOTHER FATHER { 12. Name August Hilker

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hohn

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Robinson

(b) Address 5400 Arsenal St.

17. (a) burial (b) Date thereof 3/26/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Drehmann-Harrel
1905 Union Blvd.

19. (a) MAR 25 1947 (b) J. F. Brodeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1317

(d) Street No. 5400 Arsenal St.
(If rural, give location) 9

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1947 hour 1.15 minute A M.

21. I hereby certify that I attended the deceased from April 1, 1941, to March 23, 1947,
that I last saw h. im alive on Mar 23, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Occlusion 5 min.

Due to _____

Coronary Arteriosclerosis 5 yrsx.

Due to _____

Other conditions: _____
(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 Leopold Hofwaller (M. D. or other) M.D.
Address 5400 Arsenal St. Date signed 3/23/47

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 Warren A. Carver
Licensed Embalmer No. 3534
P. O. Address.....

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.