No. 2
—1/47
5-17-39

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

#77396

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 3 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35843

Primary Registration District No. 1003

Registrar's No. 3791

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St.Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County

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

(d) Street No. 1047 Hornsby A ve.
(If rural, give location)

Memorial

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

If yes, name country

3. (a) PRINT FULL NAME ALVINA HILGEMANN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased May 20,1869 (Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 29 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Louis Kiewitt
13. Birthplace Union (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Lizetta Detmer
15. Birthplace Union (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Melba Trachte
(b) Address 1047 Hornsby Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation Zions Cemetery

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 E. Fair Ave.

19. (a) [illegible] (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19th year 1947 hour 5:02 minute P M.

21. I hereby certify that I attended the deceased from 10/11/47 to Oct. 19th 19 47 that I last saw her alive on Oct. 19th 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death BRONCHOPNEUMONIA — Duration 1 DA.

Due to ASTHMA, BRONCHIAL
PULMONARY EMPHYSEMA

Due to

Other conditions (Include pregnancy within 3 months of death)

107

Major findings:
Of operations

Of autopsy GENERALIZED ARTERIO-SCLEROSIS, BRONCHOPNEUMONIA

PHYSICIAN — Underline the cause of 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 0

23. Signature John W. Murphy Jr. (M. D.)

Address 1515 Lafayette Date signed 10/20/47

Jefferson City Printing Co.

(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.....Wilford S. Burnley.....

Licensed Embalmer No.....42020.....

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.