No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 19 1948

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

5464

State File No.

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 50

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Elizabeth Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Rall 87
(c) City or town Hannibal Rall Co. RR# 4 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Stephen J. Hilt
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 Married
6. (b) Name of husband or wife Margaret
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 26 (Day) 1874 (Year)

8. AGE: Years 73 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Rall Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Nicholas Hilt
13. Birthplace (City, town, or county) France (State or foreign country) 5
MOTHER
14. Maiden name Elizabeth Steckler
15. Birthplace (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Mrs Margaret Hilt
(b) Address Rall Co. Mo. RR#4
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Grand View Burial Park
18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo
19. (a) 2-12-48 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature) 189

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4 year 1948 hour 12:30 minute A M.
21. I hereby certify that I attended the deceased from Jan 1948, to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Chr myocarditis

Due to

Due to

Other conditions Chr nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy 13

Duration

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

23. Signature [signature] (M. D. or other) O
Address 1001 Bldg Connaught Mo Date signed 2/12/48

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.....M. J. O'Donnell.....

Licensed Embalmer No.....3246.....

P. O. Address.....Hamilton.....

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.