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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

6489

State File No.

FILED FEB 20 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1282

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

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: 4377 Cook Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1904
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0 0 0

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4377 Cook Ave. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ANDERSON HILLIARD

3. (b) If veteran, name war --

3. (c) Social Security No. 488-10-0802

4. Sex Male

5. Color or race C

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

6. (b) Name of husband or wife Leona Hilliard

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Feb. (Month) 19 (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	11	16	hr. min.

9. Birthplace Critton Co. (City, town, or county) Ark. (State or foreign country)

10. Usual occupation Porter

11. Industry or business Sonnenfeld's Dept. Store

FATHER
12. Name William Hilliard
13. Birthplace Unavailable (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name Jeanetta unknown
15. Birthplace Unavailable (City, town, or county) (State or foreign country)

16. (a) Informant Susie Thompson
(b) Address 4391 Cook Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) FEB 7 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5th
year 1948 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1-13-48, 19, to 2-4, 1948
that I last saw him alive on 2-4-48, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 W. C. Bruhl (M. D. or other)

Address 941a N. Sarah Date signed

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 Guy Shelton, Registered Apprentice No. 3, working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.