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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED MAY 7 1948

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3828  
Registrar's No. 3828

Registration District No. 318

Primary Registration District No. 1003

WRITE PLAINLY—USE 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:  
Enroute City Hospital 3  
(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

3: (a) PRINT FULL NAME John Hilzen

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased April 30 1897  
(Month) (Day) (Year)

8. AGE: Years 50 Months 11 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Painter

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Charles Hilzen 7

13. Birthplace Unknown (City, town, or county) (State or foreign country) 7

14. Maiden name Unknown 9

15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Eunice Payton

(b) Address 3954 Westminster

17. (c) Cremation (b) Date thereof 4-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Albert H. Honpe  
(b) Address 4700 Washington Blvd.

19. (a) APR 22 1948 (Date received local registrar) J. F. Broadhead (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1331 Davlin 9  
(If rural, give location) 4  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 10  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19  
year 1948 hour 2:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, 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 Cerebral Apoplexy Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
83 a

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) (c) Means of injury \_\_\_\_\_ 3

23. Signature Alfred J. Perry (M. D. or other) 3  
Address Deputy Registrar Date signed 4-22-48

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**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

*John S. Kennedy*

Licensed Embalmer No. 4194

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.**