

S. No. 2  
M-5-43  
5-17-39  
1 X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38971**

FILED DEC 4 1948

Registration District No. **379**

Primary Registration District No. **6076**

Registrar's No. **2692**

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

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **Jefferson Barracks, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Veterans Administration Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **4 hours**  
(Specify whether years, months or days)  
In this community **20 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2145 Kienlen Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **HILLIKER, Leo R.**

3. (b) If veteran, name war **World I** 3. (c) Social Security No. **492-07-8249**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced, **Married**  
6. (b) Name of husband or wife **Grace** 6. (c) Age of husband or wife if alive **49** years  
7. Birth date of deceased **April 30 1896**  
(Month) (Day) (Year)

8. AGE: Years **52** Months **6** Days **17** If less than one day hr. min.

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

10. Usual occupation **Auto Body Worker**

11. Industry or business

MOTHER FATHER

12. Name **Thomas Hilliker**

13. Birthplace **England England**  
(City, town, or county) (State or foreign country)

14. Maiden name **Dellarevea Monster**

15. Birthplace **England**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Registrar, VA Hospital**

(b) Address **Jefferson Barracks, Missouri**

17. (a) **Burial** (b) Date thereat **Nov 20 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cent.**

18. (a) Signature of funeral director **Clark Funeral Home**

(b) Address **1125 Hodiamont Ave., St. Louis, Mo.**

19. (a) **11-18-48** (b) **Bevil G. Oberon**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **17**, year **1948** hour **3:20** minute **P** M.

21. I hereby certify that I attended the deceased from **November 17, 1948** to **November 17, 1948**; that I last saw him alive on **November 17, 1948**; and that death occurred on the date and hour stated above.

Immediate cause of death **LEFT CEREBRAL HEMORRHAGE** Duration **Unk**

~~xxxx~~ Contributory cause: **HYPERTENSIVE CARDIOVASCULAR DISEASE**

Due to **93d**  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **None**

Of autopsy **Autopsy performed (See cause of Death)**

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) **None**

(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 **B.G. Oberon** (M. D. ~~XXXXXX~~)

Address **VA Hosp. Jeff. Bks. Mo.** Date signed **11/18/48**

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

*Georvan W. Deiterly*

Licensed Embalmer No. *4329*

P. O. Address *Pi. Lou. 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.**