

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2800

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 821

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY <i>St. Louis</i> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis |  | c. LENGTH OF STAY (In this place)  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Alexi an Bros. Hospital                        |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis   |  |
|  |  | d. STREET ADDRESS (If rural, give location) 205 N. 9th st. Baltimore Hotel   |  |

|                                     |                   |             |                         |                                       |
|-------------------------------------|-------------------|-------------|-------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Alfred | b. (Middle) | c. (Last) Hillenkoetter | 4. DATE OF DEATH (Month) (Day) (Year) |
|                                     |                   |             |                         | Jan 28 49                             |

|             |                        |  |                                |                                    |               |             |                                 |
|-------------|------------------------|--|--------------------------------|------------------------------------|---------------|-------------|---------------------------------|
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower | 8. DATE OF BIRTH March 4, 1889 | 9. AGE (In years last birthday) 59 | 10. MONTHS 10 | 11. DAYS 24 | 12. IF UNDER 24 HRS. Hours Min. |
|-------------|------------------------|--|--------------------------------|------------------------------------|---------------|-------------|---------------------------------|

|  |  |  |                                     |
|--|--|--|-------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman | 10b. KIND OF BUSINESS OR INDUSTRY Herkert & Meisel Truck Company | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|--|--|--|-------------------------------------|

|   |                                   |   |
|---|-----------------------------------|---|
| 13a. FATHER'S NAME William F. Hillenkoetter | 13b. MOTHER'S MAIDEN NAME unknown | 14. NAME OF HUSBAND OR WIFE Marie Hillenkoetter |
|---|-----------------------------------|---|

|  |                                     |   |                      |
|--|-------------------------------------|---|----------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 497-01-4845 | 17. INFORMANT'S SIGNATURE OR NAME Mary Darwin | ADDRESS 915 Olive St |
|--|-------------------------------------|---|----------------------|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Stomach</i>  |  | INTERVAL BETWEEN ONSET AND DEATH 3 Mo. |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <i>HV</i> |  |  |
|   | DUE TO (c) <i>Secondary Carcinoma in liver</i>  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |  |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Stomach &amp; Liver</i> | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|--|--|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i> | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <i>St. Louis Mo</i> |
|--|--|---|

|   |  |                            |
|---|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from *Jan 20*, 19*48*, to *Jan 27*, 19*49*, that I last saw the deceased alive on *Jan 27*, 19*49*, and that death occurred at *St. Louis*, Mo., from the causes and on the date stated above.

|  |                                    |                                 |
|--|------------------------------------|---------------------------------|
| 23a. SIGNATURE <i>Joseph R. Turner</i> (Degree or title) | 23b. ADDRESS <i>4065-50 Traver</i> | 23c. DATE SIGNED <i>1/28/49</i> |
|--|------------------------------------|---------------------------------|

|  |                        |  |  |
|--|------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE Jan 31, 1949 | 24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery | 24d. LOCATION (City, town, or county) (State) St. Cyr Road & Hy 99 |
|--|------------------------|--|--|

|   |   |   |  |
|---|---|---|--|
| DATE REC'D BY LOCAL REG. <i>JAN 28 1949</i> | REGISTRAR'S SIGNATURE <i>B. Lacoste</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>A. Krou</i> | ADDRESS <i>L &amp; H Co. 2707 N. Grand</i> |
|---|---|---|--|

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

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*Stanley H. Dixon*

Signed.....

Student Embalmer

Licensed Embalmer No. *4193*

P. O. Address *St. Louis*

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.