

FILED SEP 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31834**
7856

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Adams			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Quincy		9 9 7	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Children's Hospital				d. STREET ADDRESS (If rural, give location) M-R 1228 Broadway			
3. NAME OF DECEASED (Type or Print)		a. (First) Donald		b. (Middle) Paul		c. (Last) Hilgenbrink	
4. DATE OF DEATH		(Month) 9		(Day) 10		(Year) 49	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH June 13, 1949	
9. AGE (In years last birthday) 2		IF UNDER 1 YEAR Months 2		IF UNDER 1 YEAR Days 28		IF UNDER 1 YEAR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY Nil		11. BIRTHPLACE (State or foreign country) Quincy, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Richard J. Hilgenbrink			13b. MOTHER'S MAIDEN NAME Florence Jansen			14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Nil		17. INFORMANT'S SIGNATURE OR NAME Richard J. Hilgenbrink-Quincy, Ill.		ADDRESS _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxoplasmosis, with external hydrocephalus.				INTERVAL BETWEEN ONSET AND DEATH 11 weeks	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____	
		DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) Ill		151	
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? 732X			
22. I hereby certify that I attended the deceased from 8-3- , 19 49 , to 9-10- , 19 49 , that I last saw the deceased alive on 9-10 , 19 49 , and that death occurred at 1:57 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Wm. G. Klingberg M.D. (Degree or title)				23b. ADDRESS 500 S. Kings highway		23c. DATE SIGNED 9-10-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/10/49		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Quincy, Illinois	
DATE REC'D BY LOCAL REG. SEP 11 1949		REGISTRAR'S SIGNATURE J. B. Rosato		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Honne ADDRESS 4700 Washington			

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.

Student
Student Embalmer

Signed

J. A. M. B. B. B.

Licensed Embalmer No. *2653*

P. O. Address *21 1st Ave N.Y.*

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.