

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38822

9740

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis, Missouri				c. LENGTH OF STAY (in this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East St. Louis				
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital, U				d. STREET ADDRESS (If rural, give location) #917 Summit						
3. NAME OF DECEASED (Type or Print)		a. (First) James		b. (Middle) W.		c. (Last) Hileman		4. DATE OF DEATH (Month) (Day) (Year) Nov. 11 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, DIVORCED, OR SEPARATED MARRIED		8. DATE OF BIRTH April 17th 1885		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 1 WEEK 64 6 24		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Jonesboro, Illinois			12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME John Hileman			13b. MOTHER'S MAIDEN NAME Susie Reed			14. NAME OF HUSBAND OR WIFE Ruth Hileman				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Ruth Hileman			ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of the liver 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 Diabetes mellitus; peritonitis; chronic renal disease Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 4 yrs	
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) 124					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 5810					
22. I hereby certify that I attended the deceased from Nov. 10, 1949, to Nov. 11, 1949, that I last saw the deceased alive on Nov. 11, 1949, and that death occurred at 11:45 a.m., from the causes and on the date stated above.										
23a. SIGNATURE F.R. Bradley M.D.				23b. ADDRESS Barnes Hospital				23c. DATE SIGNED 11/11/49		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Nov. 12th 1949		24c. NAME OF CEMETERY OR CREMATORY Raymond Cemt.		24d. LOCATION (City, town, or county) (State) Montgomery Ill				
DATE REC'D BY LOCAL REG. NOV 12 1949		REGISTRAR'S SIGNATURE J. B. Sasater			25. FUNERAL DIRECTOR'S SIGNATURE Mrs. G. B. Nehler					

(Licensed Embalmer's Statement on Reverse Side)

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 JM

working under my personal supervision.

Student Embalmer No.

Signed Ben. H. Balder

Signed.....
Student Embalmer

Licensed Embalmer No. 2470

P. O. Address E. Harris Hill

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.