

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 27 1949

State File No. **42581**  
Registrar's No. **10718**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Madison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>17-2337 TENNESSEE AV</b>	

3. NAME OF DECEASED (Type or Print) <b>LESLIE HILLMAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>DEC-12-1949</b>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWER</b>	8. DATE OF BIRTH <b>MARCH 16-1896</b>	9. AGE (in years last birthday) <b>53 YRS.</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Rep. of Extract Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>LEADVILLE, COLORADO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
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13a. FATHER'S NAME <b>JOHN H. HILLMAN</b>		13b. MOTHER'S MAIDEN NAME <b>DRUZELLA ACKERS</b>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mr John Henry Hillman</b>				ADDRESS <b>2337 Tennessee</b>	
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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 <b>Coronary Thrombosis</b>					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	DUE TO (b)						
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	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 type="checkbox"/> NO <input type="checkbox"/>	
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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) <b>940</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>fall</b>	
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22. I hereby certify that I attended the deceased from **Dec 28, 1945**, to **Dec 12, 1949**, that I last saw the deceased alive on **Nov 21, 1949**, and that death occurred at **9 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert J Farrell</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>624 N. Union</b>		23c. DATE SIGNED <b>12/13/49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>DEC-13-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo.</b>		
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DATE REC'D BY LOCAL REG. <b>DEC 13 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Foster</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. J. Schmur</b>			ADDRESS <b>3125 Lafayette Av.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 13 1950

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Jack Hollmer*  
Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave*

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.