

FILED JUL 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24870-6072**
Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 100		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY JEFFERSON			
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS Mo		c. LENGTH OF STAY (in this place) 5 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) RURAL ROCK TOWNSHIP 0500			
d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL				d. STREET ADDRESS (If rural, give location) NEAR BARNHART Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) MARY C. b. (Middle) HILMER c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) JULY 14, 1950				
5. SEX F. 1		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1		8. DATE OF BIRTH JAN 11 1881	
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (State or foreign country) GERMANY		12. CITIZEN OF WHAT COUNTRY? U. S.	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME WILLIAM VANSELOW			13b. MOTHER'S MAIDEN NAME BERTHA DRUMMER		14. NAME OF HUSBAND OR WIFE REV. G. H. HILMER		
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 ADDRESS REV. G. H. HILMER BARNHART Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive + Arteriosclerotic heart disease INTERVAL BETWEEN ONSET AND DEATH 10 years (?) 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. myocardial infarction 6 weeks					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
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? H2O			
22. I hereby certify that I attended the deceased from June 3, 1950 , to July 14, 1950 , that I last saw the deceased alive on July 13, 1950 , and that death occurred at 4:38 m., from the causes and on the date stated above.							
23a. SIGNATURE Edward W. Czibrinski M.D.				23b. ADDRESS 3701 Grand Square		23c. DATE SIGNED July 14, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 17-50		24c. NAME OF CEMETERY OR CREMATORY ST. JOHNS LUTHERAN		24d. LOCATION (City, town, or county) (State) BECK Mo	
DATE REC'D BY LOCAL REG. JUL 14 1950		REGISTRAR'S SIGNATURE J. B. Karate		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEILIGTAG FUNERAL HOME KIMMSWICK Mo			

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Arthur W. Heiligtag

Licensed Embalmer No. *3872*

P. O. Address.....

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.