

FILED AUG 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28289
Registrar's No. 6833

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. 28289		Registrar's No. 6833		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		<u>2179</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4027a Lafayette Ave.</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louise</u>			b. (Middle) <u>Marie</u>			c. (Last) <u>Hilton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 11 1950</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb. 17 1887</u>		9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>
										11. BIRTHPLACE (State or foreign country) <u>Baltimore Md.</u>
										12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Albert Pueschel</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Harry W. Hilton</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry W. Hilton; 4027a Lafayette</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>General Carcinomatosis of the abdomen</u> <i>*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>										
MEDICAL CERTIFICATION										
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Carcinomatosis of the abdomen</u>										
ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) 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 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? <u>199d</u>					
22. I hereby certify that I attended the deceased from <u>Aug. 1, 1950</u> , to <u>Aug. 11, 1950</u> that I last saw the deceased alive on <u>Aug. 11, 1950</u> , and that death occurred at <u>5:55a. m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>X. A. P. Schell</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>634 N. Grand, St. Louis, Mo.</u>				23c. DATE SIGNED <u>8-11-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8/14/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>				
DATE REC'D BY LOCAL REG. <u>AUG 11 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Farster</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Drehmann-Harral; 1905 Union Blvd.</u>				

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

Dr. R. A. Shreffler;
Mo. Theater Bldg.

(2 to 4 Fri)

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 Warren G. Carver

Licensed Embalmer No. 3584

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.