

FILED APR 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 11094
Registrar's No. 827

BIRTH NO.		REG. DIST. NO. 217		PRIMARY REG. DIST. NO. 2064		Registrar's No. 827			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moline		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moline		4100			
d. FULL NAME OF HOSPITAL OR INSTITUTION R#10 Box 312 Ferguson				d. STREET ADDRESS (If rural, give location) R#10 Box 312 Ferguson					
3. NAME OF DECEASED (Type or Print) Amalie E. Hilmer			a. (First)			b. (Middle)			
c. (Last)			4. DATE OF DEATH March 28th, 1951			a. (Month) (Day) (Year)			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb. 3rd, 1868			
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY -----			11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			
12. CITIZEN OF WHAT COUNTRY? US			13a. FATHER'S NAME Henry Tiemann			13b. MOTHER'S MAIDEN NAME Charlotte Schlinckman			
14. NAME OF HUSBAND OR WIFE Fred 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. -----			
17. INFORMANT'S SIGNATURE OR NAME Fred Hilmer, R#10 Box 312 Ferguson			ADDRESS			Fred Hilmer, R#10 Box 312 Ferguson			
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) <u>Specialized Arteriosclerosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Chronic of Liver.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>581.0</u>				20. AUTOPSY? YES <input 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)					
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					
22. I hereby certify that I attended the deceased from <u>Oct. 1950</u> , to <u>March 1951</u> , that I last saw the deceased alive on <u>March 26</u> , 1951, and that death occurred at <u>6 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>John P. Morris</u>			23b. ADDRESS <u>R.D. 0 8209 S Broadway</u>			23c. DATE SIGNED <u>3/29/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>4/2/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Bethlehem Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3/30/51</u>		REGISTRAR'S SIGNATURE <u>Arthur G. Donk</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Diedrich F. Home</u>		ADDRESS <u>8319 Hallsferry</u>			

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert M Murray

Licensed Embalmer No.

3749

P. O. Address

St. Louis, Mo

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.