

STANDARD CERTIFICATE OF DEATH

State File No. **10090**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2778**

APR 12 1952

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 10090		Registrar's No. 2778	
1. PLACE OF DEATH a. COUNTY _____					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis			c. LENGTH OF STAY (in this place) 8WKS		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthonys Hospital					d. STREET ADDRESS (If rural, give location) 5 6263 Delmar Blvd.				
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) A.		c. (Last) Hillman		4. DATE OF DEATH (Month) (Day) (Year) March 22, 1952		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 24, 1876		9. AGE (In years last birthday) 75yrs	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. School Teacher			10b. KIND OF BUSINESS OR INDUSTRY Public Schools			11. BIRTHPLACE (State or foreign country) St. Lillwell, Ind.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Wm. F. Hillman			13b. MOTHER'S MAIDEN NAME Applebrecht			14. NAME OF HUSBAND OR WIFE Mrs. John A. Hillman			
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 Mrs. John Hillman 6263 Delmar				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease						INTERVAL BETWEEN ONSET AND DEATH 1yr.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.									
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) no		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo.					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200					
22. I hereby certify that I attended the deceased from 1-25, 1952 , to 3-22, 1952 , that I last saw the deceased alive on 3-22, 1952 , and that death occurred at 7:30 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE R.H. Powell, M.D.					23b. ADDRESS 3720 Washington			23c. DATE SIGNED 3/24/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 25, 1952		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.			
DATE REC'D BY LOCAL HEALTH DEPT. MAR 24 1952		REGISTRAR'S SIGNATURE Carl Smith MD			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons, Inc. 6175 Delmar Blvd.				
(Licensed Embalmer's Statement on Reverse Side)									

Dr. R. V. Powell
No 9282

Z =

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 _____

Joseph E. McCulloch

Signed.....
Student Embalmer

Licensed Embalmer No. 2960

P. O. Address 617 Delmar

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.