S. No. 300
10.48

FILED SEP 8 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27665

BIRTH NO. 49552 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 134

0362
0

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

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
c. LENGTH OF STAY (In this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Gasconade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hermann 0370
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print)
a. (First): Stanley
b. (Middle): John
c. (Last): Hillebrand

4. DATE OF DEATH (Month) (Day) (Year): Sept. 3 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Aug. 25, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 10; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: -----
11. BIRTHPLACE (City and State or Foreign Country): Washington, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S. A.

13a. FATHER'S NAME: Harold Hillebrand
13b. MOTHER'S MAIDEN NAME: Alice Van Booyen
14. NAME OF HUSBAND OR WIFE: ---

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 ADDRESS: Harold Hillebrand, Hermann, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity - 7 Mos. — INTERVAL BETWEEN ONSET AND DEATH: 10 days

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: 776X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 25, 1952, *to* Sept. 3, 1952, *that I last saw the deceased alive on* Sept. 3, 1953, *and that death occurred at* 4:00 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John B Ryan 0 MD.
23b. ADDRESS: Hermann Mo
23c. DATE SIGNED: 9-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-4-52
24c. NAME OF CEMETERY OR CREMATORY: St. George's Cemetery
24d. LOCATION (City, town, or county) (State): Hermann Mo.

DATE REC'D BY LOCAL REG.: Sept. 4, 1952
REGISTRAR'S SIGNATURE: F.C. Hudmann by L.C. Hudmann 99-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Hugo H. Pleuner Hermann, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Augost Deuner

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.