No. 300
No. 48
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FILED AUG 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25437

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - MERAMEC
c. LENGTH OF STAY (in this place): 15 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOSEPH'S HILL INF.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NORMANDY, MO. 4171
d. STREET ADDRESS (If rural, give location): 5381 BERMUDA 1

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): EDWARD
c. (Last): HILGERINK

4. DATE OF DEATH (Month) (Day) (Year): JULY 25 - 53

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB - 22 - 1887
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 5, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ACCOUNTANT
10b. KIND OF BUSINESS OR INDUSTRY: ENGR. - CORP.
11. BIRTHPLACE (State or foreign country): FOSTORIA, OHIO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: FEDERICK HILGERINK
13b. MOTHER'S MAIDEN NAME: SUSANNA VIOT
14. NAME OF HUSBAND OR WIFE: GERTRUDE LEFEVRE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: 339-09-8727 UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME: Brother Leonard O.S.F.
ADDRESS: ST. JOSEPH'S HILL EUREK, 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): CEREBRAL ARTERIO-SCLEROSIS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): CARDIAC INSUFFICIENCY
DUE TO (c): MYOCARDIAL DAMAGE

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4222
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* 7/11, 1953 *to* 7/25, 1953, *that I last saw the deceased alive on* 7/24, 1953, *and that death occurred at* 1:50 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. L. Marder M.D.
23b. ADDRESS: 4523 ROLAND DRIVE
23c. DATE SIGNED: 7/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: 7-27-53
24c. NAME OF CEMETERY OR CREMATORY: St. Wenderlin Cemt.
24d. LOCATION (City, town, or county) (State): Fostoria, Ohio

DATE REC'D BY LOCAL REG.: 8-1-53
REGISTRAR'S SIGNATURE: Ruth Jirsa 438
25. FUNERAL DIRECTOR'S SIGNATURE: Arthur J. Donnelly
ADDRESS: 3840 Lindell Bl. ST. LOUIS MO.

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED AUG 5 1953

VS JAN 6 1960

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~~ me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Wm S. Salfen

Licensed Embalmer No. 4699

P. O. Address St. Charles, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.