

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
6635
Registrator's No. 1662

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission?) a. STATE <u>ILLINOIS</u> b. COUNTY <u>ST. CLAIR</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>EAST ST. LOUIS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MISSOURI PACIFIC HOSP. ASSN.</u>		f. STREET ADDRESS (If rural, give location) <u>1212 CLEVELAND AVE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MATT</u> b. (Middle) <u>GEORGE</u> c. (Last) <u>HILGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 15 1956</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 9, 1901</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NO PAC RR</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST LOUIS MO</u>	
13a. FATHER'S NAME <u>MATT HILGER</u>		13b. MOTHER'S MAIDEN NAME <u>MARIE NESSELHAUFE</u>		14. NAME OF HUSBAND OR WIFE <u>MARGARET HILGER</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>702-14-6451</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Hilger</u> ADDRESS <u>1212 Cleveland Ave St. Clair</u>			
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GENERAL DEBILITY</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>UNDIFFERENTIATED CARCINOMA</u> <u>GRIV. URINARY BLADDER</u> <u>POST-OP. FECAL FISTULA</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>181x</u>			

19a. DATE OF OPERATION <u>12-17-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Advanced, infiltrating, undifferentiated Ca. urinary bladder & metastases</u>		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?	

22. I hereby certify that I attended the deceased from 5 Dec 1955 to 15 Feb 1956 that I last saw the deceased alive on 2-15-56 1956, and that death occurred at 4:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles M. D.</u> (Degree or title)	23b. ADDRESS <u>539 N. Grand</u>	23c. DATE SIGNED <u>16 Feb 56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2/18/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. CARMEL</u>
24d. LOCATION (City, town, or county) (State) <u>Belleville</u>		

DATE REC'D BY LOCAL REG. <u>FEB 16 1956</u>	REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Nell Walsh Barnes</u> ADDRESS <u>East St. Clair</u>
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(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.....
Signature of Student Embalmer

Signed *John Maher*.....
Licensed Embalmer No. *29-8*.....
P. O. Address *Ed. H. Leach*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.