

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11907**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **527**

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|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Normandy) | c. LENGTH OF STAY (in this place) township) 10 months | c. CITY OR TOWN St. Louis | 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 Hilltop House Convalescent Home | | e. STREET ADDRESS (If rural, give location) 5400 Queens Avenue | 2679 |
| 3. NAME OF DECEASED a. (First) Wilhelmina (Type or Print) Minna | | b. (Middle) H (Last) Hilkerbaumer | 4. DATE OF DEATH (Month) (Day) (Year) Feb 22 1956 |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH December 11, 1880 |
| 9. AGE (In years last birthday) 75 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Henry Hilkerbaumer | | 13b. MOTHER'S MAIDEN NAME Louise Grote | 14. NAME OF HUSBAND OR WIFE never married |
| 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. unknown | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louise Hilkerbaumer, 5400 Queens Avenue |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of oesophagus INTERVAL BETWEEN ONSET AND DEATH 1yr 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 Carcinoma of oesophagus | | 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) | 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 June 1, 1955 , to Feb 22, 1956 , that I last saw the deceased alive on Feb 22, 1956 , and that death occurred at 2:30 A. M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Shelley M. Finney MD | | 23b. ADDRESS 504 Thekla St. Louis | 23c. DATE SIGNED 2/22/56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Feb 24 1956 | 24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis Missouri |
| DATE REC'D BY LOCAL REG. 2-23-56 | REGISTRAR'S SIGNATURE Herbert R. Dandredge Jr. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc., 2161 E. Fair Ave | |

(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 *W. G. B. Bunker*.....
Licensed Embalmer No.....
P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.