

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25344**
Registrar's No. **1670**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **531**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN University City) c. LENGTH OF STAY (In this place) 12 yrs		c. CITY OR TOWN University City 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 7521 Lynn Avenue		e. STREET ADDRESS (If rural, give location) 7521 Lynn Avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) Andrew	b. (Middle) Francis	c. (Last) Hiller	4. DATE OF DEATH (Month) (Day) (Year) 7 - 8 - 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12 - 30 - 1893	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YEAR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dental Technician	10b. KIND OF BUSINESS OR INDUSTRY Dental	11. BIRTHPLACE (City and State or Foreign Country) Cleveland, Ohio	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME unk. Hohenfeld	13b. MOTHER'S MAIDEN NAME Magdalene Kepler	14. NAME OF HUSBAND OR WIFE Mildred E. Hiller
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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. 494-05-4033	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mildred E. Hiller	ADDRESS 7521 Lynn Ave
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ch. myocarditis		INTERVAL BETWEEN ONSET AND DEATH 20 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis		
	DUE TO (c) Acute rheumatic fever child hood		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		415X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **June 27, 1956** to **July 7-8, 1956** that I last saw the deceased alive on **June 27, 1956** and that death occurred at **7PM** m., from the causes and on the date stated above.*

23a. SIGNATURE A.S. Pruthi M.D. (Degree or title)	23b. ADDRESS 2729 N Grand	23c. DATE SIGNED 7-9-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/11/56	24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
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DATE REC'D BY LOCAL REG. 7-10-56	REGISTRAR'S SIGNATURE Hebeath K. ...	FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harrai	ADDRESS 1905 Union Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Huberts Pruett
2739 N. Grand
Mon. & Tue. 11-3 & 4-6

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 *Warren A. Carver*.....

Licensed Embalmer No. *3534*.....

P. O. Address.....

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.