No. 300
10-48

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

FILED FEB 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6924

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 544 Registrar's No. 128

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood
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 Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN: Pacific
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): Local.

3. NAME OF DECEASED (Type or Print): a. (First) Marybell b. (Middle) Isabel c. (Last) Hilgedick

4. DATE OF DEATH (Month) (Day) (Year): Jan. 13 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 23, 1918
9. AGE (In years last birthday): 38 — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Retail
11. BIRTHPLACE (City and State or Foreign Country): Pacific, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Charles Schaffer
13b. MOTHER'S MAIDEN NAME: Mary Hiedenfelder
14. NAME OF HUSBAND OR WIFE: Kenneth Hilgedick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: Yes (Unknown)
17. INFORMANT'S SIGNATURE OR NAME: Kenneth Hilgedick — ADDRESS: Pacific Mo

MEDICAL CERTIFICATION

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) Laennec's Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH: 3 years

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: 5811
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* 1/3, 1957, *to* 1/13, 1957, *that I last saw the deceased alive on* 1/13, 1957, *and that death occurred at* 8:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Frank Catanzaro (Degree or title) MD
23b. ADDRESS: 206 N Clay, Kirkwood Mo
23c. DATE SIGNED: 1/16/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan. 16, 1957
24c. NAME OF CEMETERY OR CREMATORY: St. Bridgets Cem
24d. LOCATION (City, town, or county) (State): Pacific Mo

DATE REC'D BY LOCAL REG.: 1-16-57
REGISTRAR'S SIGNATURE: Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE: Geo. L. Theiss — ADDRESS: Pacific Mo

(Licensed Embalmer) (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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jno. L. Thielen

Licensed Embalmer No. 300

P. O. Address Pacific

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