

FILED SEP 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

340434

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1895

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, give TOWNSHIP only) OR TOWN Normandy		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic Hospital		Length of stay in lb 6 weeks	STREET ADDRESS 4301 N. Broadway		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Alice			First R	Middle H	Last Hilliar
4. DATE OF DEATH July 29 1957		Month July	Day 29	Year 1957	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 13, 1873	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 1 Days 7 Hours 15 Min.
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	11. BIRTHPLACE (City and state or country) Elizabethtown, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME unknown			14. MOTHER'S MAIDEN NAME Hannah Hobbs		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) NO		16. SOCIAL SECURITY NO. none	17. INFORMANT Victor E. Hilliar, 456 W. Big Bend		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized abdominal carcinomatosis					Webster Groves, Missouri ONSET AND DEATH 6 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) cystadenocarcinoma of the ovaries					1 year
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour 175X Month, Day, Year					
20d. INJURY OCCURRED a WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from August 7, 1955 to July 29, 1957 and last saw her/him alive on July 28, 1957 . Death occurred at 3:35 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE [Signature]		(Degree or title) DO	22b. ADDRESS 5004 N. Blvd. St. Louis, Mo.		22c. DATE SIGNED 7/29/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE July 31, 1957	23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	23d. LOCATION (City, town, or county) St. Louis, Missouri		
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair Ave		ADDRESS	25. DATE RECD. BY LOCAL REG. 7-20-57	26. REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

This certificate must be filed in the office of the registrar of the county in which the death occurred. It must be filed within 10 days of the death. It must be filed in the office of the registrar of the county in which the death occurred. It must be filed within 10 days of the death.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

This certificate must be filed in the office of the registrar of the county in which the death occurred. It must be filed within 10 days of the death. It must be filed in the office of the registrar of the county in which the death occurred. It must be filed within 10 days of the death.

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.....

Licensed Embalmer No. 27

P. O. Address H. Lawrence

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.