

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023915
State File No.

FILED JUL 11 1958

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 1608

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY admission.	
b. CITY (If outside corporate limits, write RURAL and give township) University City		c. CITY OR TOWN New Lenox	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 Christian Old Peoples Home		e. STREET ADDRESS (If rural, give location) 8129	

3. NAME OF DECEASED (Type or Print) a. (First) Merle b. (Middle) Quinn c. (Last) Hilliard	4. DATE OF DEATH (Month) 6 (Day) 15 (Year) 58					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7/4/1888	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 12 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (City and State or Foreign Country) Nebraska City, Nebr.	12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Luman Washington Quinn	13b. MOTHER'S MAIDEN NAME Hydia Maria Fite	14. NAME OF HUSBAND OR WIFE Charles Jeremiah Hilliard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Walter J. Sprague ADDRESS 600 Washington

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension & Obesity DUE TO (c) 4/201		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe Mitral Lesion.		?	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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)	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 **1-14-58**, 19**58**, to **June 15, 58**, that I last saw the deceased alive on **June 11, 1958**, and that death occurred at **2:00A m.**, from the causes and on the date stated above.

23a. SIGNATURE J. Mayers (Degree or title) M.D.	23b. ADDRESS 607 N. Grand	23c. DATE SIGNED 6-15-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-16-58	24c. NAME OF CEMETERY OR CREMATORY LOCAL	24d. LOCATION (City, town, or county) (State) Valpariso, Indiana.

DATE REC'D BY LOCAL REG. 6-16-58	REGISTRAR'S SIGNATURE Herbert R. Donahue M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington, Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 28 1959

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..... *Lawrence O. Berling*

Licensed Embalmer No..... *497*

P. O. Address..... *St. Louis*

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.