

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006760

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 40

FILED FEB 16 1959

300
-57 C

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Charles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Peters <u>6920</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp.		Length of stay in lb 6 hrs.	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Fred Middle Enos Last Hiler	4. DATE OF DEATH Month Febr. Day 9 Year 1959
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5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 16, 1893	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 11 Days 23	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber	10b. KIND OF BUSINESS OR INDUSTRY self	11. BIRTHPLACE (City and state or country) Troy, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Geo. Hiler	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Eleanore Hiler (d)
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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. 487-38-1539	17. INFORMANT Lillian Brockgreitens, St. Peters, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Congestive Heart Disease	INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Emphysema	5 yrs
DUE TO (c) "	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 52.11	

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.) 52.11
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20c. TIME OF INJURY Hour Month Day Year a.m. p.m.

20d. INJURY OCCURRED 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
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21. I attended the deceased from July 10, 1958 , to Feb. 9, 1959 and last saw her alive on Feb. 9, 1959 Death occurred at 7 PM on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Jim Hiler MD (Degree or title)	22b. ADDRESS St. Charles Mo	22c. DATE SIGNED Feb 11, 1959
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 2-12-59	23c. NAME OF CEMETERY OR CREMATORY All Saints Cemetery	23d. LOCATION (City, town, or county) (State) St. Peters, Mo.
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24. FUNERAL DIRECTOR Geo. Stiefvater, St. Peters, Mo.	25. DATE RECD. BY LOCAL REG. FEB 11-59	26. REGISTRAR'S SIGNATURE Marguerite Wilson
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 3 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 *E. A. Keathly*

Licensed Embalmer No. *827*

P. O. Address *D. Fallon III*

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.