# URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 4 1960

-60-028425

STATE FILE NUMBER

AMENDED

Registration District No. AC 116872 SL 23316 Primary Registration District No. 1003 Registrar's No. 7176

318

**1. PLACE OF DEATH**
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MO.
Length of stay in 1b: 11 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VET ADM HOSPITAL
Inside Limits: Yes [X] No [ ]

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN: ST. LOUIS
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside city, give location): 3324 Williams Place
Reside on Farm: Yes [ ] No [X]

**3. NAME OF DECEASED** (Type or print)
First: RUSSELL Middle: L. Last: HILEMAN

**4. DATE OF DEATH** Month Day Year: JULY 17, 1960

**5. SEX:** MALE

**6. COLOR OR RACE:** WHITE

**7.** Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

**8. DATE OF BIRTH:** 2-12-93

**9. AGE** (last birthday): 67

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): UNKNOWN

**10b. KIND OF BUSINESS OR INDUSTRY:** –

**11. BIRTHPLACE** (City and state or country): SCAMMON, KANSAS

**12. CITIZEN OF WHAT COUNTRY:** USA

**13a. FATHER'S NAME:** CLAUDE HILEMAN

**13b. MOTHER'S MAIDEN NAME:** LOLA BALLENGER

**14. NAME OF HUSBAND OR WIFE:** UNKNOWN

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI

**16. SOCIAL SECURITY NO.:** 497-01-4374

**17. INFORMANT:** CHARLES HILEMAN, Address: 5504 REINEKE CT. JENNINGS, MO.

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): METASTATIC CANCER FROM LEFT COLON — INTERVAL BETWEEN ONSET AND DEATH: 6 MONTHS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 153.2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a):
PULMONARY INFARCTIONS

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

**19. WAS AUTOPSY PERFORMED?** YES [X] NO [ ]

**20a. ACCIDENT** [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

**20c. TIME OF INJURY** Hour a.m. p.m. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

**20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**20f.** CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from 7-6-60, to 7-17-60 and last saw him alive on 7-17-60

Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): WALTER B. GOLDFARB, M.D.

**22b. ADDRESS:** VAH, ST. LOUIS, MO.

**22c. DATE SIGNED:** 7-17-60

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Removal

**23b. DATE:** 7/19/60

**23c. NAME OF CEMETERY OR CREMATORY:** Memorial Park

**23d. LOCATION** (City, town, or county) (State): St. Louis County, Mo.

**24. FUNERAL DIRECTOR:** Edward Fendler

**ADDRESS:** 5611 So. Grand Blvd.

**25. DATE RECD. BY LOCAL REG.:** JUL 18 1960

**26. REGISTRAR'S SIGNATURE:** Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

SEP 23 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed George W Warnol

Licensed Embalmer No. 479

P. O. Address St Louis

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