

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9098**

1. PLACE OF DEATH:

(a) County St. Louis Mo  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri Baptist Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 yrs  
(Specify whether years, months or days)  
In this community 3 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison  
(c) City or town Granite City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2401 Madison Ave  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARION-LOUISE-HILT

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race white 6. (a) Single, widowed, married. 2 divorced WIDOWED

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 5 1867  
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace ETNA - 1 NEW-YORK  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE-WORK

11. Industry or business AT-HOME

12. Name UNKNOWN

13. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Carey Gene Davis

(b) Address 1107 A Hodiamont Ave

17. (a) Removal (b) Date thereof Oct 24 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Small Hill Edwardsville Ill

18. (a) Signature of funeral director Charles E. Melick

(b) Address Granite City Illinois

19. (a) Oct 26 1944 (b) J. F. Berghman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24 year 1944 hour 7 minute 30 M.

21. I hereby certify that I attended the deceased from Oct 4 1944 to Oct 24 1944, and that I last saw her alive on Oct 24 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Constrictive pericarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Diverticulitis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(c) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. F. Berghman (M. D. or other) MD

Address 322 Washington Date signed 10/26/44

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

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17  
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**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Charles E. Mucce*

Licensed Embalmer No. *2988*

P. O. Address.....

**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 this body is not embalmed, fact should be so stated above.**