

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6318**  
Registrar's No. **1314**

FILED MAR 4 1954  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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|--|--|---|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY  |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)<br>a. STATE <b>Missouri</b> b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b> |  | c. CITY OR TOWN <b>St. Louis</b>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place)  |  | e. STREET ADDRESS (If rural, give location)<br><b>1411 Angelica St.</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1411 Angelica St.</b>                         |  |   |  |

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|---|---|---|---|--|--|
| <b>3. NAME OF DECEASED</b><br>(Type or Print)<br>a. (First) <b>William</b> b. (Middle) <b>H.</b> c. (Last) <b>Hillier</b> |   |   | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)<br><b>February 9, 1954</b> |  |  |
| <b>5. SEX</b><br><b>male</b>  | <b>6. COLOR OR RACE</b><br><b>white</b> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)<br><b>married</b> | <b>8. DATE OF BIRTH</b><br><b>August 5, 1904</b>                        |  | <b>9. AGE</b> (In years last birthday) <b>49</b> |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><b>Retired</b>      |   | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><b>Union Elec. Steam Eng.</b>       |   | <b>11. BIRTHPLACE</b> (City and State or Foreign Country)<br><b>Pennsylvania</b> |  |
| <b>12. CITIZEN OF WHAT COUNTRY?</b><br><b>U.S.A.</b>  |   |   |   |  |  |

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| <b>13a. FATHER'S NAME</b><br><b>Fred Hillier</b>   |  | <b>13b. MOTHER'S MAIDEN NAME</b><br><b>unknown</b> |  | <b>14. NAME OF HUSBAND OR WIFE</b><br><b>Rose Hillier</b>                                      |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b> |  | <b>16. SOCIAL SECURITY NO.</b>                     |  | <b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS<br><b>Mrs. Rose Hillier 1411 Angelica St.</b> |  |

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|--|--|--|--|--|---|
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)   |  | <b>MEDICAL CERTIFICATION</b>   |  |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br><b>19 mos.</b> |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Carcinoma of liver</b>          |  |  |   |
|  |  | <b>ANTECEDENT CAUSES</b>   |  |  |   |
|  |  | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. |  |  |   |
|  |  | DUE TO (b) _____   |  |  |   |
|  |  | DUE TO (c) _____   |  |  |   |
|  |  | <b>II. OTHER SIGNIFICANT CONDITIONS</b>  |  |  |   |
|  |  | Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |   |

|   |  |   |  |   |  |  |
|---|--|---|--|---|--|--|
| <b>19a. DATE OF OPERATION</b><br><b>8/15/52</b>               |  | <b>19b. MAJOR FINDINGS OF OPERATION</b><br><b>Carcinoma of liver</b>  |  |   | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)               |  | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b><br><b>1561</b> |  |  |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.) |  | <b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | <b>21f. HOW DID INJURY OCCUR?</b>                                     |  |  |

**22. I hereby certify that I attended the deceased from July, 1952, to Feb 9, 1954, that I last saw the deceased alive on Feb 9, 1954, and that death occurred at 12:55 p.m., from the causes and on the date stated above.**

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>23a. SIGNATURE</b> (Degree or title)<br><b>Charles G. Molden, M.D.</b> |  | <b>23b. ADDRESS</b><br><b>3121 N. Grand</b>  |  | <b>23c. DATE SIGNED</b><br><b>2/9/54</b>                               |  |
| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><b>Removal</b>        |  | <b>24b. DATE</b><br><b>2-12-54</b>   |  | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><b>St. Johns Cemetery</b> |  |
|   |  | <b>24d. LOCATION</b> (City, town, or county) (State)<br><b>Collinsville, Illinois.</b> |  |  |  |

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|--|--|--|--|
| <b>DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE</b><br><b>FEB 11 1954</b> |  | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS<br><b>Math Hermann &amp; Son, Inc. 2161 E. Fair Ave.</b> |  |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Clement M. Guany*

Licensed Embalmer No. *372*

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.