

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42374**
Registrar's No. **11059**

FILED JAN 13 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) 16th St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If rural, give location) 3008a Magnolia	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Oscar c. (Last) Hilkerbaumer		4. DATE OF DEATH (Month) (Day) (Year) Dec. 25, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 29, 1892
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clay Miner	11. BIRTHPLACE (State or foreign country) Owensville, Missouri

12. CITIZEN OF WHAT COUNTRY? U. S. A.	13a. FATHER'S NAME Gottlieb Hilkerbaumer	13b. MOTHER'S MAIDEN NAME Minna Wollbrink	14. NAME OF HUSBAND OR WIFE Elizabeth Meise Hilkerbaumer
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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. 499-24-2839	17. INFORMANT'S SIGNATURE OR NAME Milfred Hilkerbaumer	ADDRESS 3008a Magnolia
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 months
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Stomach		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Widespread Metastasis		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (b)		DUE TO (c)		

19a. DATE OF OPERATION 8-29-50	19b. MAJOR FINDINGS OF OPERATION See advanced Carcinoma Stomach - Metastasis	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 151X
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22. I hereby certify that I attended the deceased from **Aug 24, 1950**, to **Dec 25, 1950**, that I last saw the deceased alive on **Dec 25, 1950**, and that death occurred at **2:10 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Robert S. Carson, M.D.	(Degree or title)	23b. ADDRESS 3606 Travis Ave.	23c. DATE SIGNED 12-26-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 28, 1950	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Owensville, Mo.
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DATE REC'D BY LOCAL REG. DEC 26 1950	REGISTRAR'S SIGNATURE R-B Loretta	25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN FUNERAL HOME, 1936 St. Louis	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

John J. Haines

Licensed Embalmer No. 4108

P. O. Address St. Louis MO

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.