

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 366

FILED JAN 20 1945  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 0 35 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3023a No. 20th Str.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

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17  
9 1/2

3. (a) PRINT FULL NAME William J. Hillesheim

3. (b) If veteran, name war None 3. (c) Social Security No. N498-26-2183

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Hillesheim 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased March 31, 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 9 1 hr. min.

9. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Stock Clerk

11. Industry or business Dry Goods

12. Name William Hillesheim

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Julia Hammer

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Hillesheim

(b) Address 3023a N. 20th Str.

17. (a) Removal (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Ill.

18. (c) Signature of funeral director \_\_\_\_\_

(b) Address 2117 E. Grand Blvd.

19. (a) JAN 3 1945 (b) J. F. Buesch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2  
year 1945 hour 12 minute 43 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to \_\_\_\_\_

Due to 83rd

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

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

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

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

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

23. Signature Alfred J. [unclear] (M. D. or other) \_\_\_\_\_

Address [unclear] Date signed 1/3/45

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

MOTHER FATHER

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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 *Frank A. Moore*

Licensed Embalmer No. *3041*

P.O. Address *2117 E. Grand*

**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.**