

FILED AUG 10 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25437

State File No. ....

BIRTH NO. .... REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - MERAMEC</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NORMANDY MO.</u>	
c. LENGTH OF STAY (in this place) <u>15 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>5381 BERMUDA</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HILL INF.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>HILGERINK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 25-53</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB-22-1887</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ACCOUNTANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ENGR. - CORP.</u>		11. BIRTHPLACE (State or foreign country) <u>FOSTERIA, OHIO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>FEDERICK HILGERINK</u>		13b. MOTHER'S MAIDEN NAME <u>SUSANNA VIOT</u>		14. NAME OF HUSBAND OR WIFE <u>GERTRUDE LE FEYNE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Leonard O.G.F.</u> ADDRESS <u>ST. JOSEPH'S HILL EUREK, MO</u>	

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

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4.2.2.2</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 7/11, 1953, to 7/25, 1953, that I last saw the deceased alive on 7/27, 1953, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>4523 BAZAND Drive</u>		23c. DATE SIGNED <u>7/26/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-27-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Wendelin Cent.</u>	
				24d. LOCATION (City, town, or county) (State) <u>Fosteria Ohio</u>	

DATE REC'D BY LOCAL REG. <u>8-1-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>438</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>3840 Lindell Be. ST. LOUIS MO.</u>	
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