WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

4540

1. PLACE OF DEATH

County ..... Registration District No. 731

Township ..... Primary Registration District No. 1003

City St. Louis (No. 4162 Shenandoah St. ..... Ward)

File No. .....

Registered No. 1224

2. FULL NAME Adolph J. Hildebrand

(a) Residence. No. 4162 Shenandoah St. 17 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jennie Hildebrand

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 2 1854

7. AGE: Years 74 | Months 10 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Sec. & Treas.

(c) Name of employer: Central Dry Plate Co.

9. BIRTHPLACE (CITY OR TOWN): Waterloo
(STATE OR COUNTRY): Ill

PARENTS

10. NAME OF FATHER: Phillip Hildebrand

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: Anna Dressler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown.
(STATE OR COUNTRY)

14. INFORMANT: Lee B. Hildebrand
(Address) 28 Vandeventer Place

15. FILED JAN 21 1929 Max C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 23 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1929, to Jan 23, 1929, that I last saw him alive on Jan 23, 1929, and that death occurred, on the date stated above, at 2:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

1 DS

92 F

(duration) 0 yrs. 0 mos. 9 ds.

CONTRIBUTORY (SECONDARY): Chronic myocarditis

(duration) 2 yrs. 1 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Signs & Symptoms

(Signed) M. W. Gansliser, M. D

1-24, 1929 (Address) 3019 So. Jefferson Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mo. Crematory

DATE OF BURIAL: Jan 25 1929

20. UNDERTAKER: Wagoner

ADDRESS: 3621 Olive