

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

Do not use this space.

23786

1. PLACE OF DEATH

County..... Registration District No. 791 File No.
 Township..... Primary Registration District No. 1003 Registered No. 7311
 City St. Louis (No. Central Hospital St. Ward)

2. FULL NAME

Richard Earl Hildebrandt
 (a) Residence. No. 4227 1/2 St. Ward. (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

23. SEX <u>Male</u>		4. COLOR OR RACE <u>Wh</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Annis Christine</u> (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 15 - 1896</u>					
7. AGE		YEARS <u>44</u>	MONTHS <u>10</u>	DAYS <u>15</u>	IF LESS than 1 day,hrs. ormin.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Bread Wagon Driver</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>General Paving Co.</u> (c) Name of employer					
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>					
PARENTS	10. NAME OF FATHER <u>Earl Hildebrandt</u>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>				
	12. MAIDEN NAME OF MOTHER <u>Anna Marie Hildebrandt</u>				
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>				
14. INFORMANT <u>Richard + Hildebrandt</u> (Address) <u>5225 Perry</u>					
15. FILED <u>1</u> 19 <u>31</u> REGISTRAR <u>May E. Parker</u>					

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 1931

17. I HEREBY CERTIFY That I attended deceased from June 30, 9am, 1931 to June 30, 1931 that I last saw him alive on June 30, 1931 and that death occurred, on the date stated above, at 9:20 m.

18. THE CAUSE OF DEATH WAS AS FOLLOWS
Heart. Prostatitis

CONTRIBUTORY (SECONDARY) 1911 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Jeffersonville, Ind.

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No Temp 110

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Exam

(Signed) John C. Drumm, M.D.
 , 19 31 (Address) 4518 Washington

*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 Bethania DATE OF BURIAL July 2 1931

20. UNDERTAKER West Street ADDRESS 5325

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.

