

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

Do not use this space.

42173

1. PLACE OF DEATH

County Registration District No. 178
 Township Primary Registration District No. 10
 City St. Louis (No. City Hospital)
15022 St. 26 Ward

File No.
 Registered No. 12044
 St. Ward

2. FULL NAME

(a) Residence, No. 3309 no. 14th St., 26 Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Hildreth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1 - 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 4 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Wintona
 (STATE OR COUNTRY) Kentucky

FATHER 13. NAME Forest Hildreth

14. BIRTHPLACE (CITY OR TOWN) Lyon Co
 (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Halkanson

16. BIRTHPLACE (CITY OR TOWN) Lyon Co
 (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Hospital Information
3329 Lafayette

18. BURIAL, CREMATION, OR REMOVAL 12/3/31
 PLACE Liberton Mo DATE

19. UNDERTAKER Petty Bros
 (ADDRESS) 3329 Lafayette

20. FILED DEC - 3 1931 19. Wm C. Starker
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2nd . 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2nd 1931 to Dec. 2nd 1931

I last saw him alive on Dec. 2nd 1931. Death is said to have occurred on the date stated above, at 10:05 P.M.

The principal cause of death and related causes of importance were as follows:

Acute fibrinous purulent pericarditis
Myocardial infarction
 Other contributory causes of importance:
Chronic fibrous purulent pericarditis

Name of operation None Date of None
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) Wm C. Starker, M. D.
 (Address) City Hospital

CAUSE OF DEATH in plain terms, so that it may be properly issued. Missouri State Board of Health. State of Missouri. Very important.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County..... Registration District No..... *781*
 Township..... Primary Registration District No..... *10-33*
 City..... St. Ward)

File No.
 Registered No. *12044*

2. FULL NAME

Lutzy S. Hildreth

(a) Residence. No. St. 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug. 5 - 1890*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>41</i>	<i>3</i>	<i>28</i>	

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT *x Mrs May Hildreth*
 (Address) *4 3309 29th St*

15. FILED *7-1-31* *May C. Farkley*
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec 3 - 1931*

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw him since on 19....., and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D.
 , 19 (Address)

*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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated IN FULL. PHYSICIANS should state EXACTLY the cause of death. OCCUPATION is very important. REGISTRATION IS COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

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

Do not use this space.

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1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Luther G. Hildreth
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Hildreth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 1890

7. AGE YEARS MONTHS DYS IF LESS than 1 day, hrs. or min.
41 3 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kullana Ky

13. NAME Louis Hildreth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lyon Co Ky

15. MAIDEN NAME Fannie Holland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lyon Co Ky

17. INFORMANT (ADDRESS) Fannie Hildreth
St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodward Park DATE Dec 5 1933

19. UNDERTAKER (ADDRESS) Putz Bros
St. Louis Mo

20. FILED _____ 19 _____

Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Acute Bronchitis
Empyema (RT)
etc.

Date of onset

Other contributory causes of importance:

Acute Fibrous Pericarditis
Pericarditis

Name of operation None Date of _____
What test confirmed diagnosis? General Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Wm. Halliday M. D.
(Address) St. Louis Mo

could be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN, not State, should state that it may be properly classified. Exact statement of OCCUPATION is very im. N. B. - CAUSE