

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

Do not use this space.

37340

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. 6128 Victoria Ave) St. .... Ward)

File No.....  
Registered No. 9974  
St. .... Ward)

**2. FULL NAME**

Charles J. Hilton  
(a) Residence, No. 6128 Victoria St., 4 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**

|   |   |   |
|---|---|---|
| 3. SEX<br><u>Male</u>   | 4. COLOR OR RACE<br><u>White</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Josephine Hilton</u> |   |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>May 7 - 1853</u>                          |   |   |
| 7. AGE  | YEARS<br><u>79</u>  | MONTHS<br><u>6</u>  |
|   | DAYS<br><u>3</u>  | IF LESS than 1 day, ..... hrs. or ..... min.                                |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Retired</u>               |   |
|   | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>Maintenance RR</u>                 |   |
|   | 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation..... |   |
| MOTHER  | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Mo</u>   |   |
|   | 13. NAME<br><u>Abraham Hilton</u>   |   |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>England</u>  |   |
|   | 15. MAIDEN NAME<br><u>Unknown</u>   |   |
| FATHER  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>England</u>  |   |
|   | 17. INFORMANT (ADDRESS)<br><u>Josephine Hilton<br/>6128 Victoria Ave</u>  |   |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>San Fed</u> DATE <u>Nov 12 1937</u>       |   |   |
| 19. UNDERTAKER (ADDRESS)<br><u>Camburn &amp; Ford Co<br/>4134 Manchester Ave</u>        |   |   |
| 20. FILED<br><u>NOV 12 1937</u> Registrar.  |   |   |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 1937, to Nov 10 1937  
I last saw h. live on Oct 9 1937 Death is said to have occurred on the date stated above, at 12:42 a.m.  
The principal cause of death and related causes of importance were as follows:  
Date of onset

Chronic Paralytic  
muscular atrophy  
13!  
82 yrs  
Other contributory causes of importance: 13!  
neuroplegia profligate  
Bright's disease

Name of operation..... Date of.....  
What test confirmed diagnosis? muscle Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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 muscular atrophy M. D.  
(Signed) 3124 N Grand  
(Address)

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.

