

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.

JUN 28 1935

17529

1. PLACE OF DEATH

County St. Louis
Township Bonhomme
City Creve Coeur (No. 1st and Marine ave.)

Registration District No. 785
Primary Registration District No. 6031

File No. _____
Registered No. 84 St. _____ Ward _____

2. FULL NAME Louis Hildebrand

(a) Residence, No. 1st and Marine ave. 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
47 0 18

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

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) St. Louis, Missouri
(STATE OR COUNTRY)

13. NAME Fred Hildebrand

14. BIRTHPLACE (CITY OR TOWN) Connecticut
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Sykes

16. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri
(STATE OR COUNTRY)

17. INFORMANT Fred Hildebrand
(ADDRESS) Creve Coeur Lake Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter's Cem. DATE May 13, 1935

19. UNDERTAKER Geo. L. Pleitank Inc
(ADDRESS) 5966 Eastern Ave

20. FILED 5 13 1935 Agnes C. Kelly, Deft
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/10/1935 1935

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7 am in _____.

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

Homicide, gunshot wound, 38 Date of onset _____
caliber revolver, bullet entering
thru left chest and lodging under
right clavicle, piercing left upper
lobe of lung. Fracture of first
and second rib, mammillary line and
Other contributory causes of importance:
proceeded across lower portion
of neck. This traumatized muscles
vessels and thyroid gland.

Name of operation _____ Date of _____

What test confirmed diagnosis? autops 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? OVER
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury See other side.

Nature of injury _____

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

If so, specify Tuberc. Tumor 5/13/35
(Signature) _____, M. D.

(Address) 3718 Jennings St.,
Creve Coeur, Mo.

Secondary; Interthoracic hemorrhage and shock.

This happened at 1st and Marine str. Bonhomme township, St. Louis County, Mo.

Verdict of Jury; By a revolver shot from the hand of Mae Brennan and we rener a verdict of homicide and we recommend she be held for further investigation by the Grand Jury.