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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. FEB 8 1937 / 791 File No. 4104

Township ..... Primary Registration District No. 1003 Registered No. 1147

City St. Louis, (No. City Hospital No.1 St. ..... Ward)

B. 14672

2. FULL NAME Hugo Hildebrandt

(a) Residence, No. 3442 a St. Vincent St. ..... Ward. 1 (If nonresident, give city or town and State)
(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.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4, 1858.

7. AGE ~~77~~ YEARS 78 MONTHS 3 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil 262

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired(15yrs.)

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) Germany 10

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

17. INFORMANT (ADDRESS) Hosp. Info. M.H.Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Jan. 27th. 1937

19. UNDERTAKER (ADDRESS) Wacker-Helderle 2331 S. Broadway

20. FILED 1-26-1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/24/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/9/37, 19 ..., to 1/24/37, 19 ...

I last saw him alive on 1/24/37, 19 ... Death is said to have occurred on the date stated above, at 12.45 a

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

Lobar pneumonia

108

Other contributory causes of importance:

Arteriosclerosis

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) Geo J Serbo M. D.

(Address) City Hospital No.1

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.