MAR 23 1937

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

Do not use this space.

File No. 9423

Registered No.

**1. PLACE OF DEATH**

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. Lucerne Hotel St. Ward)

**2. FULL NAME** Emil Oscar Hildebrand

(a) Residence, No. Lucerne Hotel St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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) |
|---|---|---|
| Male | White | Widowed |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1861

| 7. AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 75 | 8 | 28 | |

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 45 Years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Odesa Russia

FATHER

13. NAME Erik Hildebrand

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

MOTHER

15. MAIDEN NAME Louise Everhardt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Sadie Peer
(ADDRESS) Lucerne Hotel

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE March 6, 1937

19. UNDERTAKER D.W. Newcomer's Sons
(ADDRESS)

20. FILED Mch 5, 1937 M. M. Brown
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1937, to Mar 4, 1937

I last saw him alive on Mar 4, 1937. Death is said to have occurred on the date stated above, at 4:00 A.M.

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

| | Date of onset |
|---|---|
| Pulmonary Hemorrhage | |
| Not tuberculous | Mar 4-37 |
| 97 | |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis - high blood pressure | 1925 |

Name of operation None Date of

What test confirmed diagnosis? Phys. Sign. Was there an autopsy? No

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? No

If so, specify

(Signed) A J Dann, M. D.

(Address) 907 Waldheim Bld

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.

Samuel J. T. Davis
Waldheim Bldg.