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

JUN 12 1937

Do not use this space.

1. PLACE OF DEATH City Infirmary

County ..... Registration District No. 791 File No. 18791

Township ..... Primary Registration District No. 1003 Registered No. 5367

City St. Louis, Mo. (No. ....., ... St. ..... Ward)

2. FULL NAME Rufus Hildreth.

(a) Residence, No. City Infirmary St., Hospital Ward. 13 (If nonresident, give city or town and State)

(Usual place of abode) 5800 Arsenal St.

Length of residence in city or town where death occurred 40 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: Fanny Harmon.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 19, 1853.

7. AGE: 1853 YEARS: 88 MONTHS: 10 DAYS: 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chester Illinois. Illinois.

FATHER

13. NAME: Rufus Hildreth.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ?

MOTHER

15. MAIDEN NAME: Lucinda Stone.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ?

17. INFORMANT (ADDRESS): E. Molony, 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri Crematory DATE May 29 1937

19. UNDERTAKER (ADDRESS): Peltz Bros 3029 Lafayette Ave

20. FILED MAY 29 1937 J. Bledeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1937, to May 28, 1937

I last saw him alive on May 28, 1937. Death is said to have occurred on the date stated above, at 10:40 A.M.

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

Hypertensive Heart Disease — Date of onset

95 [illegible]

Other contributory causes of importance: Arteriosclerosis, Generalized

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

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) L. G. Pray M. D.

(Address) 5600 Arsenal