AUG - 5 1937

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

Do not use this space.

25823

File No. 6997

Registered No.

1. PLACE OF DEATH

County 2 Registration District No. 791

Township Primary Registration District No. 1003

City ST. LOUIS (No. 1407 MISSOURI AVE. St. Ward)

2. FULL NAME ELIZABETH HILDEBRAND

(a) Residence, No. 1407 MISSOURI AVE. St., 23 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF GEORGE HILDEBRAND

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 31, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	76	10	22	

OCCUPATION

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

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

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) WATERLOO ILLS.

FATHER

13. NAME JAMES MORRIS

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

MOTHER

15. MAIDEN NAME JOHANNA O'DRISCOLL

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

17. INFORMANT JEREMIAH MORRIS
(ADDRESS) 3215a LAFAYETTE AVE

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY CEMETERY DATE JULY 24 1937

19. UNDERTAKER PEETZ BROS.
(ADDRESS) 3029 LAFAYETTE AVE

20. FILED JUL 23 1937 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 22 1937

22. I HEREBY CERTIFY, That I attended deceased from June 14th 1937, to July 22nd 1937. I last saw her alive on July 20 1937. Death is said to have occurred on the date stated above, at 5 a.m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignancy of Colon	2 yrs
Probably Carcinoma	Uncertain

Other contributory causes of importance:

Name of operation None Date of None

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury None 19
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None

(Signed) F. A. O'Brien, M. D.
(Address) 1505 So Jefferson Ave City

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.