

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

663
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1008**
(c) City **S t. Louis** (d) Street No. **De Paul Hospital** Registered No. **519**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William E. Hilton 485
(a) Residence, No. **1120 Yale Ave** St. **Mo** **Reh. Hts. Mo.**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Bessie Hilton**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **8/15/1874**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 4 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Broker**
9. Industry or business in which work was done, as saw mill, bank, etc. **Live Stock**
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) **Indiana**

FATHER 13. NAME **William Hilton**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**

17. INFORMANT **Bessie Hilton**
(ADDRESS) **1120 Yale Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peters** DATE **1/17/38**

19. FUNERAL DIRECTOR **Robert J. Ambruster**
(ADDRESS) **6633 Clayton Road**

20. FILED **JAN 16 1938** **J. G. Bredbeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/14/38** 19 **38**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 1** 19 **37** to **Jan. 14** 19 **38**
I last saw him alive on **Jan. 14** 19 **38**. Death is said to have occurred on the date stated above, at **5.45 P.**
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Cerebral Hemorrhage
Hypertension
Date of onset **1/14/38**

Name of operation..... Date of.....
What test confirmed diagnosis? **phys. exam** 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) **D. B. Glavin** M. D.
(Address) **401 Humboldt Bldg.**

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.

STATEMENT BY LICENSED EMBALMER

I, Edward J. Bockhorst, Licensed Embalmer No. 2502

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.

No. 2502 or by....., Registered Apprentice No.

working under my personal supervision.

Signed Edward J. Bockhorst

Licensed Embalmer No. 2502

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)