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

Do not use this space.

AUG 11 1939

File No. 24185

Registered No. 6458

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City ST. LOUIS, MO (No. Barnard Skin & Cancer Hospital St. Ward)

2. FULL NAME MINNIE HILDEBRAND 431

(a) Residence, No. 4011 N. FLORISSANT St., 2 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

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 PHILIP (DECEASED) HILDEBRAND

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-24-1869

7. AGE: Years 70 | Months 3 | Days 27 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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) ST. LOUIS, MO. 0

FATHER

13. NAME ADOLPH BERNING 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY 6

MOTHER

15. MAIDEN NAME JOHANNA LECKER

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

17. INFORMANT Edwin Hildebrand
(ADDRESS) 1442 A E. Prairie Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens DATE July 24, 1939

19. UNDERTAKER Luedmeyer & Sons
(ADDRESS) 3934 N. 20th St.

20. FILED JUL 23 1939 J. D. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-30, 1939, to 7-21, 1939

I last saw h. ER. alive on 7-21, 1939. Death is said to have occurred on the date stated above, at 7:03 p.m.

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

	Date of onset
CARDIAC FAILURE	
PULMONARY EDEMA	
CORONARY OCCLUSION	

Other contributory causes of importance:

PEMPHIGUS VULGARIS	
CHRONIC ASTHMA	
GANGRENE OF 2nd TOE RT. FOOT	

Name of operation Date of

What test confirmed diagnosis? BIOPSY, EKG 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) W. H. Gray, M. D.

(Address) 3427 Washington

Emb. Cert
Signed