

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 34452
Registrar's No. 8990Registration District No. 701 Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County 1003 St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hortense Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life time (years, months or days)3. (a) PRINT FULL NAME Erwin Philip Hiltz, 43rd3. (b) If veteran, name war None 3. (c) Social Security No. None4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Queen R. Hiltz 6. (c) Age of husband or wife if alive over 20 years7. Birth date of deceased April 29th 1883
(Month) (Day) (Year)8. AGE: Years 56 Months 5 Days 12 If less than one day _____ hr. _____ min.9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)10. Usual occupation Retired Capitalist

11. Industry or business _____

12. Name Christopher E. Hiltz13. Birthplace United States
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth M.15. Birthplace United States
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Erwin P. Hiltz(b) Address 11 Hortense Place17. (a) burial (b) Date thereof 10/23/39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bellefontaine Cem.18. (a) Signature of funeral director Wagoner Und. Co.(b) Address 3621 Olive St.19. (a) OCT 22 1939 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. 11 Hortense Place
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21 day Oct
year 1939 hour 1:15 minute 0 M.21. I hereby certify that I attended the deceased from Oct. 12
1939, to Oct 20, 1939;
that I last saw him alive on Oct 20, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Embolus middle cerebral artery with degeneration

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. J. Ryland (M. D. or other) _____Address 3901 Oak Date signed 10/21/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
1 X1951

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Melvin L. Chamber

Licensed Embalmer No.

4052

P. O. Address

3621 Olive St.

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.)

If this body is not embalmed, above space should be left blank.