

FILED APR 13 1942 791

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County 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: Yorke Hotel - 6th + Market
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 3 years, months or days)

3. (a) PRINT FULL NAME Norman N. Hildebrand
3. (b) If veteran, name war World 3. (c) Social Security No.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kathryn 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased: March 31 1895
(Month) (Day) (Year)

8. AGE: Years 46 Months 11 Days 27 If less than one day hr. min.

9. Birthplace Oakdale Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Co-Ordinator

11. Industry or business Fruco Const. Co

12. Name Howard Hildebrand

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Lilhe M. [unclear]

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Kathryn Hildebrand
(b) Address 5754 Chamberlain

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-42
(Month) (Day) (Year)
(c) Place: burial or cremation National Crem. & Burial

18. (a) Signature of funeral director Chas. S. Smart
(b) Address 1225 Union Blvd.
19. (a) MAR 30 1942 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 5000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5754 Chamberlain 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) N
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1942 hour 10:15 minute 0 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Edema of Brain
Acute Alcoholism

Due to _____
Due to _____

Other conditions: 75
(Include pregnancy within 3 months of death)

Major findings: 75
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 car

23. Signature James J. [unclear] (M.D. or other) carmer
Address 1300 [unclear] Date signed 3/30/42

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

MOTHER FATHER

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 *Bernard C. J. Stewart*

Licensed Embalmer No. *3500*

P. O. Address *1225 Union, Ark.*

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, fact should be so stated above.