

15483

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 25 1942

Registration District No.

Primary Registration District No. 200

Registrar's No. 1095

1. PLACE OF DEATH: St. Louis Co

(a) County: St. Louis Co

(b) City or town: Ellisville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mrs. Copley Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 Month
(Specify whether)

In this community: Life
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1321 So. Vendevanter 9
(If rural, give location)

(e) Citizen of foreign country? / (Yes or No)

If yes, name country: /

3. (a) PRINT FULL NAME: Carrie Hiltenbrand

3. (b) If veteran, name war: -

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: January 7 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>4</u>	<u>11</u>	hr. min.

9. Birthplace: St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Home

11. Industry or business:

12. Name: John Brodammer

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

14. Maiden name: Unknown

15. Birthplace: 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Elsie B. Liniecooly

(b) Address: 6832 Plateau Ave.

17. (a) Burial (b) Date thereof: 5/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Wachtel - Heddelsheim

(b) Address: 3634 Gravois Ave

19. (a) MAY 19 1942 (b) C. E. McFarland
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 th
year 1942 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 1, 1942 to May 15, 1942
that I last saw her alive on May 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral infarction

Due to: 93 d

Due to:

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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: Smith (M. D. or other) M.D.
Address: 1194 H. ... Date signed: 5-18-42

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

S. No. 2
1-9-4-41
5-17-39
X29484

96
00

MOTHER FATHER

107

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..... *Frank J. Hyland*
Licensed Embalmer No. *2645*
P. O. Address *St Louis Mo*

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.

PAID 10 C