

FILED JUN 26 1942 25

Registration District No. 25

Primary Registration District No. 1001

Registrar's No. 562

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1823 North 2nd. Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not
(Specify whether years, months or days)

In this community 54 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 1721 5th. Avenue
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Charles Jasper Hilt

(b) If veteran, name war. No.

(c) Social Security No. 387-14-9303

4. Sex male 0

5. Color or race white

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

(b) Name of husband or wife Estella Hilt

(c) Age of husband or wife if alive 64 years

7. Birth date of deceased: June 8 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>11</u>	<u>28</u>	hr. min.

9. Birthplace Zanesville Ohio /
(City, town, or county) (State or foreign country)

10. Usual occupation Produce Company

11. Industry or business Fruit

12. Name John Hilt

13. Birthplace Unknown Indiana /
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Norman

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

16. (a) Informant Mrs. Estella Hilt

(b) Address 1721 5th. Ave., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 6-9-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 13th. & Faraon St., St. Joseph, Mo.

19. (a) June 8, 1942 (b) Walter Meierhoffer
(Date received local registrar) (Signature)

MOTHER FATHER

CLERK OF HEALTH

STATE BOARD OF HEALTH

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th.
year 1942 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 29
1942 to May 29 1942
that I last saw him alive on May 29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death manic Depressive Psychosis 4m.

Due to arteriosclerosis 59 yrs

Due to

Other conditions (Include pregnancy within 3 months of death) 84c

Major findings: ✓

Of operations:

Of autopsy:

Duration

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) (c) Means of injury 0

Signature Charles W. Hermer M. D. or other

Address 22 Kirkpatrick Bldg Date signed 6-4-1942

1233

(Licensed Embalmer's Statement on Reverse Side)

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

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 Geo E Daniel

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 85-

Primary Registration District No. 1001

Registrar's No. 562

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1823 North 2nd Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution not
(Specify whether
In this community 3 1/4 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1721 1/2th Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Gasper Hilt

3. (b) If veteran, name war no 3. (c) Social Security No. 487-14-9505

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Estella Hilt 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased June 8-1879
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 28
If less than one day _____ min.

9. Birthplace Zanesville Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Tractor Company

11. Industry or business Tractor

12. Name John Hilt

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

14. Maiden name unknown Norman

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

16. (a) Informant Mrs. Estella Hilt
(b) Address 1721 1/2th Ave St Joseph Mo

17. (a) Burial (b) Date thereof 8-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierkott
(b) Address 13th & Paragon St St Joseph

19. (a) 6-8-42 (b) Roe Hegoy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day _____
5 year 1942 hour _____ minute 3:09 P.M.
21. I hereby certify that I attended the deceased from May 29
1942 to May 29 1942
that I last saw him/her alive on May 29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction
depressive psychosis

Due to Arteriosclerosis Duration 4 m

Due to _____

Other conditions (Include pregnancy within 3 months of death) 849

Major findings: Of operations _____

Of autopsy _____
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 _____

23. Signature Charles R. Werners M. D. or _____
Address 321 Kirkpatrick Bldg Date signed 6-6-1942

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

MOTHER FATHER

TEMPORARY

S-20705