

S. No. 2
DM-5-42
Rev. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34801

State File No. _____

FILED NOV 6 1942
Registration District No. 184

Primary Registration District No. 117

Registrar's No. 2189

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
624 CLARK AVE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 18 YRS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 624 CLARK AVE
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21
year 1942 hour 12 minute 34 A.M.
21. I hereby certify that I attended the deceased from
Oct 19 1942 to Oct 21 1942
that I last saw him alive on Oct 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 days

Due to _____
Due to _____

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings:
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) (2) Means of injury _____
23. Signature S. J. Vellner (M. D. or other) MD
Address S.W. By Road Webster Date signed Oct 21

3. (a) PRINT FULL NAME ANNIE HILDENBRAND
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife FRED C. HILDENBRAND 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased OCTOBER 10 - 1857
(Month) (Day) (Year)

8. AGE: Years 85 Months — Days 10 If less than one day _____ hr. _____ min.

9. Birthplace YORKSHIRE ENGLAND
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name RICHARD SHERIDAN

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

14. Maiden name MARY MCKULTY

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

16. (a) Informant Anita Whitney

(b) Address 642 Clark Ave Webster Groves Mo

17. (a) BURIAL (b) Date thereof OCT-23-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director Parker and Co

(b) Address WEBSTER GROVES, MO
Oct 22 1942 (c) C. L. McQuinn (Registrar's signature)

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

96
1
4

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 B. B. Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster House No

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.

1891 No 100