. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8395

State File No.

FEB MAR 20 1943 818

Registration District No. 1943

Primary Registration District No. 1000

Registrar's No. 2344

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 800

(a) State Mo. (b) County 12

(c) City or town 4910 Fountain 9 12
(If outside city or town limits, write "RURAL")

(d) Street No. St Louis
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Christine Hildebrandt

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex 7

5. Color or race W

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Fred

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

7. Birth date of deceased 10 (Month) 31 (Day) 1866 (Year)

8. AGE: Years 76 77 | Months 4 | Days 6 | If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Ulrich
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Taylor
(b) Address Mulberry-1134

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-43 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cem

18. (a) Signature of funeral director Buderwieden Fun. Home Inc
(b) Address 1936 St Louis, Ave

19. (a) MAR 11 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7, year 1943 hour 8:15 minute A. M.

21. I hereby certify that I attended the deceased from February 26, 1943, to March 7, 1943 that I last saw her alive on March 7, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death THROMBOSIS OF RT. MIDDLE CEREBRAL ARTERY	
Due to HYPERTENSION	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy BRONCHO PNEUMONIA RT. CEREBRAL THROMBOSIS

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Homer A. Sweetman M.D. (M. D. or other)

Address 1515 Lafayette Ave. Date signed 3/8/43

844

(Licensed Embalmer's Statement on Reverse Side)

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 .....

..... Embalming, Registered Apprentice No. .....,

working under my personal supervision.

No

Signed Felix J. Krupin

Licensed Embalmer No. 3497

P. O. Address 1236 St. Louis

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.