

U. S. No. 2
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24123
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9055

State File No.

FILED MAR 27 1944

Registration District No. **318** Primary Registration District No. **100** Registrar's No. **2540**

1. PLACE OF DEATH:

(a) County St. Louis Mo.

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

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

(d) Length of stay: In hospital or institution 4 days
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 111 Nagel Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME August Hild

3. (b) If veteran, name war None

3. (c) Social Security No. 193-20-003

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th
year 1944 hour 11:15 minute P. M.

4. Sex Male 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 November 11, 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 11th
1944 to March 14th 1944
that I last saw h. im alive on March 14th 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

62 4 3 hr. min.

Immediate cause of death Cerebral hemorrhage

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

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

10. Usual occupation Janitor

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy Refused

11. Industry or business Drug Store

12. Name Joseph Hild

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

14. Maiden name Unknown

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

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? _____

16. (a) Informant Mrs. Emil Hild

(b) Address 7329a S. Broadway

17. (a) Burial (b) Date thereof 3-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Southern F. Home

(b) Address 6322 S. Grand Blvd.

19. (a) J. F. Brudick (b) _____
(Date registered local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Frank J. Brudick (M. D. or other) 0

Address 1515 Lafayette Date signed 3/25/44

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.....

Virgil L. Wernymer
4018

Licensed Embalmer No.....

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.