

S. No. 2
 OM-5-43
 Rev. 5-17-39
 I X36671

FILED SEP 13 1945

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **7727**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
3400 S. Grand Blvd. /
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Indiana (b) County Vanderburgh ⁹⁹⁹

(c) City or town Evansville
(If outside city or town limits, write "RURAL") ^{NR. 2}

(d) Street No. _____
(If rural, give location) ⁰

(e) Citizen of foreign country? _____ (Yes or No) ²
 If yes, name country _____

3. (a) PRINT FULL NAME Emma Bilderback

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept. day 1
 year 1945 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1945
19 to Sept 1 1945
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Charles Bilderback 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 5 1864
(Month) (Day) (Year)

Immediate cause of death Arterio Sclerosis. General. ^{3 1/2}
 Duration _____

Due to _____

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>4</u>	<u>26</u>	_____ hr. _____ min.

Due to Ch Cholecyctis ^{1 yr}

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

9. Birthplace Henderson County Kentucky /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

PHYSICIAN

Major findings: _____
 Of operations _____

Of autopsy _____ ¹²⁷

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name John Jennings

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

14. Maiden name Sarah Lafayette

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

16. (a) Informant Eva Kendreick

(b) Address 5352 O'Dell Ave.

17. (a) Removal (b) Date thereof 9-1-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evansville, Indiana

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? _____

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) SEP 13 1945 (b) J. J. Brueck
(Date of registration) (Registrar's signature)

23. Signature _____
(Specify type of place) (M.D. or other)

Address 607 No Grand Date signed _____

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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 *John G. Gornicki*
..... Licensed Embalmer No. *3398*

P. O. Address.....

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.