

U.S. No. 2
FORM-5-43
Rev. 5-17-39
X36671

FILED DEC 12 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10461

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:
312 S. 4th Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 312 S. 4th Street.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Stephan L. Hildebrand

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Mae Hildebrand 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Jan. 20, 1886
(Month) (Day) (Year)

| | | | | |
|---------|-------|--------|------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | 59 | 10 | 11 | hr. _____ min. |

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Don't Know

13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Mae Hildebrand

(b) Address 312 S. 4th Street

17. (a) Burial (b) Date thereof 12/4/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) DEC 2 (b) 1945 J. J. Bedeak
(Date received by Registrar) (Year) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
year 1945 hour _____ minute 00 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Right Coronary Thrombus

Due to _____

Due to 94a

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

PHYSICIAN

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)

(c) Means of injury _____

23. Signature John E. Taylor 3
(M. D. or other)

Address Ray Co Date signed 12/11/45

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.....
Way A. Howard

Licensed Embalmer No. **3722**

P. O. Address **412 Duchouquette St.**

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.