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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6425

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 986

1. PLACE OF DEATH:

(a) County MISSOURI

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

(c) Name of hospital or institution: 2117a S. 13th ST.
(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 MISSOURI (b) County 000

(c) City or town ST. LOUIS 26 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2117a S. 13th ST. 9
(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME ELEANOR M. HILBERT

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

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

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

7. Birth date of deceased FEB (Month) 7 (Day) 1852 (Year)

8. AGE: Years 94 Months 11 Days 21 If less than one day ..... hr. ..... min.

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

10. Usual occupation WIDOW

11. Industry or business AT HOME

FATHER
12. Name JOHN TONTRUP 4
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

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

16. (a) Informant EMMA HILBERT
(b) Address 2117a S. 13th. ST.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 30, 1947 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ LAKEWOOD PARK

18. (a) Signature of funeral director Thomas Kutis & Son
(b) Address 2906 GRAVOIS

19. (a) JAN 29 1947 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 28
year 1947 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan. 23, 1947, to Jan. 28, 1947
that I last saw her alive on January 27, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, bronchial type — Duration 2 days

Due to 186

Due to 8

Other conditions Fracture, neck, femur right — 5 days ago
(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: 000
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 1/23/47 - 10:30 A.M.
(c) Where did injury occur? St Louis (City or town) (County) MO (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home - Kitchen (Specify type of place)
While at work? (e) Means of injury fell off chair

23. Signature Raoul L. Ramsey (M. D. ~~or other~~)
Address 1419 So. Grand Date signed 1/28/47

(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.....

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

working under my personal supervision.

Signed Roy E Campbell

Licensed Embalmer No. 3881

P. O. Address W Rains 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.