S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15183

FILED MAY 14 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4424

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 3 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St Louis 1 17
(If outside city or town limits, write "RURAL")

(d) Street No. 8524 Water St 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles Hildebrand

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 21 (Day) 1878 (Year)

8. AGE: Years 68 Months 6 Days 6 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business None

FATHER
12. Name John Sam Hildebrand
13. Birthplace Penn, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Lulu Hildebrand
(b) Address Rock Island Ill

17. (a) (Burial, cremation, or removal) (b) Date thereof 5/2/47 (Month) (Day) (Year)
(c) Place: burial or cremation Odd Fellow

18. (a) Signature of funeral director Fendler Und Co
(b) Address 7420 Michigan Ave

19. (a) MAY 1 1947 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month April day 28
year 1947 hour 8 minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Coronary Sclerosis

Due to 94a

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause of 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? 3
(Specify type of place)
While at work? (e) Means of injury

23. Signature Patrick E. Naylor Dr. Cor (M.D. or other)
Address 1300 Clark Date signed 5-1-47

Jefferson City Printing Co.

(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 Alan E. Fendler

Licensed Embalmer No. 4178

P. O. Address Jenning 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.