S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 9 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43130

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 44887

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:
Malcolm Bliss Hospital 0
(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 Mo. (b) County odo
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1014A Lami St. 9
(If rural, give location)
(e) Citizen of foreign country? 23 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ROBERT HILTIBIDLE

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 divorced
6. (b) Name of husband or wife Cora B. Hiltibidal
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 2 (Day) 1865 (Year)

8. AGE: Years 82 | Months 6 | Days 26 | If less than one day hr. min.

9. Birthplace (City, town, or county) Ill (State or foreign country) 1
10. Usual occupation Police Officer
11. Industry or business Retired

FATHER
12. Name Jacob Hiltibidal 9
13. Birthplace (City, town, or county) Unknown (State or foreign country) 1

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

16. (a) Informant Dewy C. Hiltibidal
(b) Address 6272 Marmaduke Ave.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) DEC 29 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28 year 1947 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from 2, 19, to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Cachexia	2 months
Due to Chronic draining osteomyelitis	at least 7 months
Due to	
Other conditions (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:
(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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature J. Lowry Brown M.D. M.D. or other
Address City Hosp. Date signed 1/8

(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.....Elbert R. Thompson Jr.....

Licensed Embalmer No.....4237.....

P. O. Address.....St. Louis.....

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.