FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31094

FILED SEP 20 1948

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 7984

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 Faith Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 days (Specify whether years, months or days)

In this community 24 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis, 96

(c) City or town Overland, (If outside city or town limits, write "RURAL")

(d) Street No. 3204 W. Milton, 1 (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Joseph Elias Hildebrand

3. (b) If veteran, name war none

3. (c) Social Security No. 489-07-8418

4. Sex Males

5. Color or race White

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

6. (b) Name of husband or wife Leona Hildebrand

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Apr. (Month) 14, (Day) 1889 (Year)

8. AGE: Years 59 Months 4 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis, Mo. O (City, town, or county) (State or foreign country)

10. Usual occupation Welder

11. Industry or business Grossenbacher Furnace Co.

MOTHER FATHER

12. Name Joseph Hildebrand,

13. Birthplace St. Louis Co. Mo. O (City, town, or county) (State or foreign country)

14. Maiden name Emma Boone Hoover,

15. Birthplace Cass Co. Mo. O (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leona Hildebrand,

(b) 3204 W. Milton, Overland, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 13, (Month) (Day) (Year)

(c) Place: burial or cremation Burns Cem. Rankin, Mo.

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Ballwin, Mo.

19. (a) SEP 11 1948 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10, year 1948 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 17, 1948, to Sept 10 1948, that I last saw him alive on Sept 10 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Hypertensive Vascular Disease.	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations Sympathectomy for Hypertension

Of autopsy None.

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 .....

48. 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 .....

23. Signature John L. Sciortino (M. D. or other) MD

Address 3720 Washington Blvd Date signed 9/10/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Sciortino

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

OCT 22 1951

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 Geo. Schrader

Licensed Embalmer No. 3066

P. O. Address Baldwin, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed. fact should be so stated above.