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10-47  
17-39  
I 3906

FILED DEC 8 1948

**318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

**1. PLACE OF DEATH:**  
(a) County \_\_\_\_\_  
(b) City or town **ST. LOUIS, MISSOURI**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **Barnes Hospital, D**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 days**  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

**3: (a) PRINT FULL NAME** **Charles Hilderbrand**  
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 **Clare** 6. (c) Age of husband or wife if alive **61** years  
7. Birth date of deceased **Jan - 28 1887**  
(Month) (Day) (Year)

**8. AGE:** Years **61** Months **10** Days **0**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Engineer**

11. Industry or business **Frisco R.R.**

12. Name **Joseph Hilderbrand**

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

14. Maiden name **Emma Brona Hoover**

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

16. (a) Informant **Clara Hildebrand**

(b) Address **Shirley Mo**

17. (a) **Burial** (b) Date thereof **12-1-48**  
(Place of burial or cremation) (Month) (Day) (Year)

(c) Place of burial or cremation **Shirley Co - Burns Cemetery**

18. (a) Signature **Rowland Mortuary Service**

(b) Address **4104 Manchester Ave.**

19. (a) **NOV 29 1948** (b) **J. H. Hester**  
(Date received local registration) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **St Louis**  
(c) City or town **Shirley**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **NR** (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month **11** day **28**  
year **48** hour **12** minute **20 P.M.**

21. I hereby certify that I attended the deceased from **11-26**, 19**48**, to **11-28**, 19**48**,  
that I last saw him alive on **11-28**, 19**48**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial infarction**  
Due to **Arteriosclerotic Heart Disease -**  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 5 months of death)

Duration  
**2 yrs.**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **myocardial infarction**

**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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature **Michael M. Karl** (M. D. or other) \_\_\_\_\_  
Address **Barnes Hospital** Date signed **11/28/48**

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

MOTHER FATHER

10350

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**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 J. Allen Davis Jr  
Licensed Embalmer No. 4053  
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.**