

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28158

REG. DIST. NO. **318**

1003

State File No.

Registrar's No. **7786**

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|---|--|--|--|---|--|---|--|----------------------------------|--|
| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. | | Registrar's No. 7786 | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY D-11 | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | d. FULL NAME OF HOSPITAL OR INSTITUTION 3747 Dunnica Ave. | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3747 Dunnica Ave. | | e. STREET ADDRESS 16 | | f. STREET ADDRESS (If rural, give location) 3747 Dunnica Ave. | | g. FULL NAME OF DECEASED a. (First) Ida b. (Middle) Hildebrand c. (Last) Hildebrand | | | |
| 3. NAME OF DECEASED (Type or Print) | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 5, 1949 | | 5. SEX F 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | | |
| 8. DATE OF BIRTH Jan. 29, 1871 | | 9. AGE (In years last birthday) 78 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home | | 10b. KIND OF BUSINESS OR INDUSTRY | | | |
| 11. BIRTHPLACE (State or foreign country) Gasconade Co. Mo. | | 12. CITIZEN OF WHAT COUNTRY? | | 13a. FATHER'S NAME August Beckmann | | 13b. MOTHER'S MAIDEN NAME Elizabeth Danhuser | | | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Otto A. Hildebrand, 6317 Washington | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Hypostatic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Biliary Cirrhosis DUE TO (c) Cirrhosis of the liver II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 12th | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | | |
| 21d. TIME OF INJURY | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 3810 | | | | | |
| 22. I hereby certify that I attended the deceased from July 29 to Sept 3 , 1949, that I last saw the deceased alive on Sept 3 , 1949, and that death occurred at 10:12 P.M. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE A. C. Wiernera A. W. O. | | | | 23b. ADDRESS 435 Frisco Bldg. | | 23c. DATE SIGNED Sept 7-49 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Sept. 8, 1949 | | 24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | | |
| DATE RECD BY LOCAL HEALTH DEPT. SEP 14 1949 | | REGISTRAR'S SIGNATURE J. B. Pasater | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schumacher Und. 3013 Meramec St. | | | | | |

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

80-1158

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis 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.