

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9719

State File No. ....

FILED MAR 31 1955

2411

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b>				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				c. CITY OR TOWN <b>St. Louis</b>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Incarnate Word Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>4325a DeTonty St.</b>				<b>2179</b>	
3. NAME OF DECEASED (Type or Print) <b>FREDERICK</b>			a. (First) <b>A.</b>		b. (Middle) <b>HILDEBRAND Sr.</b>		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 15 1955</b>			5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		
8. DATE OF BIRTH <b>May 15, 1894</b>			9. AGE (In years last birthday) <b>60</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Office Mgr.-A.T.F.</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Sales Corp.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Leonard Hildebrand</b>			13b. MOTHER'S MAIDEN NAME <b>Nellie Long</b>			14. NAME OF HUSBAND OR WIFE <b>Dorris Hildebrand</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes World War I</b>			16. SOCIAL SECURITY NO. <b>497-07-5531</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Dorris Hildebrand 4325a DeTonty St.</b>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Septicemia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pyelonephritis</b> DUE TO (c) <b>Suprapubic Prostatectomy</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>7da</b>	
19a. DATE OF OPERATION <b>8 Mar 55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Benign Prostatic Hypertrophy</b>						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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>610 X</b>			22. I hereby certify that I attended the deceased from <b>26 Feb 1955</b> to <b>15 Mar 55</b> , that I last saw the deceased alive on <b>5 Mar 55</b> and that death occurred at <b>9:50 A.M.</b> , from the causes and on the date stated above.				
23. SIGNATURE <b>Volunt Byrne</b>				(Degree or title) <b>MO</b>		23b. ADDRESS <b>3300 Washington</b>		23c. DATE SIGNED <b>16 MAR 55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal (Rail)</b>		24b. DATE <b>Mar. 18, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Warren, Ark.</b>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <b>MAR 16 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser 4228 S. Kingshighway Bl</b>				

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

