

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1956

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28546
State File No. 7300
Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 65-yrs.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4740 Labadie Ave.				e. STREET ADDRESS (If rural, give location) 4740 Labadie Ave.			
3. NAME OF DECEASED (Type or Print) Peter		a. (First)		b. (Middle)		c. (Last) Hild	
4. DATE OF DEATH Aug. 6, 1956		4. DATE (Month) (Day) (Year)		5. SEX M.		6. COLOR OR RACE W.	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.		8. DATE OF BIRTH Dec. 19, 1871		9. AGE (In years less birthday) 84		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Painter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Hild		13b. MOTHER'S MAIDEN NAME Otilia Stein		14. NAME OF HUSBAND OR WIFE Mrs. Margaret Hild			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 492-12-9582		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. John Hild, 231 Newell Dr., Ferguson, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberc. Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Stomach Ulcer -</u> DUE TO (c) <u>Heart weakness</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diet & Smoking</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>5 yrs</u> <u>10 yrs</u> <u>Life time</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7-10</u> , 19 <u>56</u> , to <u>8-6</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>8-6</u> , 19 <u>56</u> , and that death occurred at <u>7:30 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>G. H. Ruddell M.D.</u>		(Degree or Title)		23b. ADDRESS <u>1259 N. Kings Highway</u>		23c. DATE SIGNED <u>8-7-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 9, 1956		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. AUG 8 1956		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>		ADDRESS 3840 Lindell Blvd.	

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

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.....
Signature of Student Embalmer

Signed.....
James Williams

Licensed Embalmer No.....*356*

P. O. Address.....*3840 Lu*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.