Health, Welfare Public Service

300 -57

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FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-011754

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2830

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Enroute City Hospital — Length of stay in 1b 38	d. STREET ADDRESS (If outside, give location) 221 So. Broadway — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Harley — Middle: — Last: Hildebrand Sr	4. DATE OF DEATH Month: Mar Day: 78 Year: 1958		
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: May.12,1920
9. AGE (In years last birthday): 37	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): Unemployed	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (City and state or country): Salina Kansas	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME: Harley Hildebrand Sr	13b. MOTHER'S MAIDEN NAME: Unknown	14. NAME OF HUSBAND OR WIFE: None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT Address: Ralph Morehouse 1414 Locust St	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Kansas City Mo

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Fracture of Skull;

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ascites

DUE TO (c) Cirrhosis of the Liver.

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Suffered in fall on steps at 221a South Broadway, about 655 am., March 8 1958 E900.0 21

20c. TIME OF INJURY 655 Hour a.m. Month, Day, Year 3 8 58

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 25 Steps

20f. CITY, TOWN, OR LOCATION 220 COUNTY STATE St Louis Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 710 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Patrick J. Taylor Coroner 3	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 3.10.58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-9-58	23c. NAME OF CEMETERY OR CREMATORY Local
23d. LOCATION (City, town, or county) (State) Salina Kansas		
24. FUNERAL DIRECTOR Albert H. Hoppe — ADDRESS 4700 Washington	25. DATE RECD. BY LOCAL REG. MAR 10 '58	26. REGISTRAR'S SIGNATURE Earl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

VS MAR 3 1966

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 Lawrence O. Gerling

Licensed Embalmer No. 4979

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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