

XC-7 209/060
Reg. 117,391

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024156
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1629

FILED JUL 14 1958

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| 1. PLACE OF DEATH a. COUNTY ST. LOUIS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 36 FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Vet. Adm. Hospital | | Length of stay in 1b 1525 days | d. STREET ADDRESS (If outside, give location) 2730 Meramec Avenue Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last LEO F. HILDEBRAND | | | 4. DATE OF DEATH Month Day Year 6-16-58 |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 12-8-18 |
| 9. AGE (In years last birthday) 39 | | 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) CLERK | | 10b. KIND OF BUSINESS OR INDUSTRY LNK. | 11. BIRTHPLACE (City and state/country) OMRO, WISCONSIN |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13. FATHER'S NAME JACOB J. HILDEBRAND | |
| 13b. MOTHER'S MAIDEN NAME JULIA MARTIN | | 14. NAME OF HUSBAND OR WIFE HELEN HILDEBRAND | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-2 | | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT Address VA HOSP. RECORDS, JEFFERSON BARRACKS, MO. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction | | | INTERVAL BETWEEN ONSET AND DEATH 18 hours |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease | | | undetermined |
| DUE TO (c) 4300 | | | |
| 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
| 21. Attended the deceased from 4-15-54 to 6-16-58 and was present at the death Death occurred at 7:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE W. Oppler, M.D. Dir. Prof. Services | | 22b. ADDRESS VAH, Jefferson Barracks, Mo. | 22c. DATE SIGNED 6-16-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 6/19/58 | 23c. NAME OF CEMETERY OR CREMATORY National Cem. | 23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo |
| 24. FUNERAL DIRECTOR ADDRESS Edward Fendler 5611 South Grand Blvd. | | 25. DATE RECD. BY LOCAL REG. 6-17-58 | 26. REGISTRAR'S SIGNATURE Herbert R. Donke, M.D. |

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Gulley F. Faeller Jr*
Licensed Embalmer No. *14950*
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.