

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34922**
9695

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place)		7 2079	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4966 Harney Ave.		d. STREET ADDRESS (If rural, give location) 4966 Harney Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) Edward	b. (Middle) F.	c. (Last) Hilton	4. DATE OF DEATH (Month) (Day) (Year)
				Oct. 24th, 1950

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 29th, 1897	9. AGE (In years last birthday) 53	10. MONTHS 0	11. DAYS 0	12. HOURS 0	13. MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Stationery	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME George E. Hilton	13b. MOTHER'S MAIDEN NAME Cecelia Schmidt	14. NAME OF HUSBAND OR WIFE Kathern Hilton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	16. SOCIAL SECURITY NO. 328-01-8849	17. INFORMANT'S SIGNATURE OR NAME Kathern Hilton	ADDRESS 4966 Harney
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Summary edema		INTERVAL BETWEEN ONSET AND DEATH 2 wks. few yrs. 25 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hyper-tensive cardio-vasc. dis. Chronic glomerulo-nephritis		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 572X
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22. I hereby certify that I attended the deceased from **Sept. 19, 1950**, to **Oct. 23, 1950**, that I last saw the deceased alive on **Oct. 23, 1950** and that death occurred at **3:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. B. Foster	23b. ADDRESS 508 N. Grand	23c. DATE SIGNED Oct. 26, 50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 27th, 1950	24c. NAME OF CEMETERY OR CREMATORY New Picker	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. OCT 26 1950	REGISTRAR'S SIGNATURE J. B. Foster	25. FUNERAL DIRECTOR'S SIGNATURE Kraeger-Voss, Inc.	ADDRESS 3402 N. Kingshighway
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 5 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Clas P. Padwell

Signed.....

Student Embalmer

Licensed Embalmer No. 4077

P. O. Address _____

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.