MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

13917

MAY 28 1932

WRITE PLAINLY, WITH INKING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH
County: St Louis — Registration District No.: 1170 — File No.:
Township: — Primary Registration District No.: 6248 — Registered No.: 92
City: Richmond Hts Mo — No.: St Mary's Hospital — St. — Ward)

2. FULL NAME: Emma Hilgenstoehler

(a) Residence. No.: Morrison Mo — St., — Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F	W.	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Fritz Hilgenstoehler

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 8-8-1868

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
63	8	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife 335
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN):
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Fritz Klossner
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Pauline Hoffmann
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Mo

14. INFORMANT: Fritz Hilgenstoehler
(Address): Morrison Mo

15. FILED 4/18 1932 C. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 17 1932

17. I HEREBY CERTIFY, That I attended deceased from April 14 1932 to April 17 1932 that I last saw h. alive on April 17 1932 and that death occurred, on the date stated above, at 5:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
A. Cerebral Embolism - Arteriosclerosis
Contusion - Fracture
10 days
92A (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Operation - Fracture
10 days (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ①
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF April 16
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [illegible] M. D.
, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Cershing Mo — DATE OF BURIAL: 4/20 1932

20. UNDERTAKER: Louis H Boff — ADDRESS: Kirkwood Mo.

Coughlin
W. J.
4946 Buckingham Ct
Dec 6 '46

Fi/0141