

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau
Township Shawnee
City (No.) (No.) St. Ward)

Registration District No. 129
Primary Registration District No. 5180

File No. 19749
Registered No. 15

2. FULL NAME

Emanuel Hilderbrand

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Winnie Henapple

22. I HEREBY CERTIFY That I attended deceased from June 28, 1934, to June 29, 1934.
First saw him alive on June 18, 1934. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5 - 1846

to have occurred on the date stated above, at L.O.P. m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 6 24

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

Hemorrhage of the Brain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Other contributory causes of importance:
80 A
Amal

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

13. NAME not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT J. W. Rindor
(ADDRESS) 1126 S. Grand

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bethel DATE July 1, 1934

19. UNDERTAKER Reinhold Kessler & Sons
(ADDRESS) Locust & Olive

20. FILED June 30 37 J. Scherer
Registrar

Name of operation Date of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. D. Heston, M.D., M. D.
(Address) P.O. Box 100, St. Louis, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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MAY 26 1934

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