WRITE PLAINLY, WITH UNFADING 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.

APR 25 1936

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

Do not use this space.

12232

1. PLACE OF DEATH
County St. Louis — Registration District No. 784 — File No.
Township St. Ferdinand — Primary Registration District No. 6030 — Registered No. 50
City St. Louis, Missouri (No. Villa Gesu St. Ward)

2. FULL NAME Mary Alruna Hilbert
(a) Residence, No. Riverview Drive St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 11, 1861

7. AGE: YEARS 74 — MONTHS 4 — DAYS 1 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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): Alsace-Lorraine Europe

FATHER
13. NAME: Michael Hilbert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alsace-Lorraine Europe

MOTHER
15. MAIDEN NAME: Catherine Hippler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Europe

17. INFORMANT (ADDRESS): Sister Superior Honoria R.14, Box 503, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Villa Gesu DATE March 14, 1936

19. UNDERTAKER (ADDRESS): C. Hoffmeister U. & L. Co. 7814 South Broadway

20. FILED March 13th, 1936 W. A. Zeitler Registrar
Per C. Smith

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-12-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-1-33, 19, to 3-11-36, 19
I last saw her alive on 3-11-36, 19 Death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. Interstitial Nephritis | 2 |
| Chr. Myocarditis | 2 |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Exam. Was there an autopsy? No

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? No
If so, specify
(Signed) Albert A. Denk M. D.
(Address) 5388 N. Union Blvd