

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32410

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **3304 Russell Avenue** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **79 yrs. 2 mos. 3 ds.** (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Marie A. Hilpert
 (a) Residence, No. **3304 Russell Avenue** St. **17**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Otto Hilpert		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1858		
7. AGE 79	YEARS 2	MONTHS 3
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework		
9. Industry or business in which work was done, as saw mill, bank, etc. At Home		
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN). St. Louis, Missouri		
13. NAME Dr. D. R. Luyties		
14. BIRTHPLACE (CITY OR TOWN). Unknown, Germany		
15. MAIDEN NAME Anna Ruyter		
16. BIRTHPLACE (CITY OR TOWN). Unknown, Germany		

17. INFORMANT (ADDRESS) Theodor Hilpert 3304 Russell Avenue
18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory DATE September 9, 1937
19. FUNERAL DIRECTOR (ADDRESS) Wm. J. Robert 1905 S. Grand Blvd.
20. FILED SEP 8 1937 J. H. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 7, 37
22. I HEREBY CERTIFY, that I attended deceased from Jan 17 to Sept 7 , 19 37 I last saw him alive on Sept 7 , 19 37 Death is said to have occurred on the date stated above, at 7:40 a.m. The principal cause of death and related causes of importance were as follows: Chronic hypertension Hypertension Atherosclerosis Other contributory causes of importance: Atherosclerosis
Date of onset
Name 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) L. H. Humpal , M. D. (Address) 503 Brown St.

STATEMENT BY LICENSED EMBALMER

I, Wm J Robert, Licensed Embalmer No. 502,
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Wm J Robert
.....L. E.....
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed Wm J Robert
Licensed Embalmer No. 502.

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.)