

JAN 18 1938

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

Do not use this space.

1. PLACE OF DEATH
37 County GASCONADE Registration District No. 903
Township CANAAN Primary Registration District No. 5422
City (No. St. Ward)

File No. 45316
Registered No. 35

2. FULL NAME MRS. WILHELMINA HILKERBAUMER
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 83 yrs. 2 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF GOTTLIEB HILKERBAUMER
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 30 1854
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 83 3 18
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 25
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) DRAKE MO

FATHER 13. NAME CONRAD BREHE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER 15. MAIDEN NAME AMALIA BUEKER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT ALBERT HILKERBAUMER
(ADDRESS) OWENSVILLE MO ROUTE 1

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. JAMES EV. CEMETERY DATE 12/21

19. UNDERTAKER W. F. Mattenbacher
(ADDRESS) Owensville Mo

20. FILED 12-27, 1937 F. J. Howell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18 - 1937
22. I HEREBY CERTIFY That I attended deceased from September 14 - 1937, to Dec. 18 - 1937
I last saw him alive on Dec. 18 - 1937. Death is said to have occurred on the date stated above, at 9 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic Indurative Date of onset Known
Myocarditis

Other contributory causes of importance:
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) H. W. Mark, M. D.
(Address) General Mo.

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.

