

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.

REC'D MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH
39 County Rosebud Registration District No. 306 File No. 6709
Township Boeuf Primary Registration District No. 5424 Registered No. 4
City (No. _____) St. _____ Ward _____

2. FULL NAME Anna Mary Hilkerbaumer 426
(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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16 - 1857
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 80 9 27

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. House work
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) Hermann Mo
13. NAME August Racherbaumer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Anna Walbrink
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Fred Hilkebaumer
(ADDRESS) Rosebud Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE S. James Ev. Cemetery DATE Feb. 15 1938
Charlotte Mo.

19. UNDERTAKER H. S. Gottenstroeter
(ADDRESS) Owensville Mo.
20. FILED 2-14 1938 John Engelbrecht Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13-1938

I HEREBY CERTIFY That I attended deceased from June 29 1936 to Feb. 13 1938
I last saw her alive on Feb. 13 1938 Death is said to have occurred on the date stated above, at 3:15 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis followed by chronic bronchitis, bronchopneumonia, and septicaemia.
Other contributory causes of importance: end in death.

Name of operation _____ Date of _____

What test confirmed diagnosis? Physic 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? yes

If so, specify _____

(Signed) John Engelbrecht M. D.

(Address) Stony Hill, Mo.

