

REC'D MAR 24 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH8195  
Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96  
 (b) Township Carondelt Primary Registration District No. \_\_\_\_\_ Registered No. 385  
 (c) City \_\_\_\_\_ (d) Street No. Mt. St. Rose Sanitarium \_\_\_\_\_ 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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Sister Mary Elizabeth Hillenbrand 451

(a) Residence, No. \_\_\_\_\_ St.  Arcadia Mo.  
 (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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 1 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. Catholic Nun  
 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) Germany b

FATHER 13. NAME Eulaleng Hillenbrand b

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany b

MOTHER 15. MAIDEN NAME Catherine Hastseman b

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

17. INFORMANT (ADDRESS) Mother Mary Agnes Arcadia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Arcadia Mo. DATE 3/5 1938

19. FUNERAL DIRECTOR (ADDRESS) Agnes H. Rapp  
Hickwood Mo.

20. FILED 3-7 1938 J. R. May M. A. Del. N. Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March - 1 1938

22. I HEREBY CERTIFY, That I attended deceased from December 18, 1937, to March - 1, 1938

I last saw him alive on March - 1, 1938. Death is said to have occurred on the date stated above, at 11:30 P. m.

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

Carcinoma of ovary

Date of onset

1937

Other contributory causes of importance: 49  
none

Name of operation none Date of none

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? None Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) John J. Bourch Res. M. D.

(Address) Mr. St. Rose Sanitarium

STATEMENT BY LICENSED EMBALMER.

I, John M. Meyer, Licensed Embalmer No. 3288  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me  
..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed John M. Meyer  
Licensed Embalmer No. 3288

**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.)**