

REC'D JUL 11 1938

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

22195
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 423
(b) Township Rock Primary Registration District No. 5578 Registered No. 2524
(c) City (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MARY HILBERT 426
(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX OT 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21st 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 7 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as saw mill, bank, etc. House Wife
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) House Springs Mo

FATHER 13. NAME Valentine Leight

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

MOTHER 15. MAIDEN NAME Lena Swchla

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

17. INFORMANT (ADDRESS) M. Hilbert

18. BURIAL, CREMATION, OR REMOVAL PLACE Funset Burial Park DATE June 13th 1938

19. FUNERAL DIRECTOR (ADDRESS) Heiligtag Funeral Home

20. FILED June 12th 1938 Phil J. Kirk Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10th 1938

22. I HEREBY CERTIFY, That I attended deceased from June 10th 1938 to June 10th 1938
I last saw her alive on June 10th 1938 Death is said to have occurred on the date stated above, at 8:00 a.m. m.
The principal cause of death and related causes of importance were as follows:

(Premia Myocarditis) Date of onset

Other contributory causes of importance: 131
Myocarditis
Chol. Nephritis
Serum

Name of operation None Date of
What test confirmed diagnosis Clinical 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 No

24. Was disease or injury in any way related to occupation of deceased?
If so, specify O. Reich M. D.
(Signed) Amman (Address) Amman

STATEMENT BY LICENSED EMBALMER

I, Arthur W. Heiligtag, Licensed Embalmer No. 3872
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 Arthur W. Heiligtag
Licensed Embalmer No. 3872

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)