

REC'D JUL 22 1938

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

22544

Do not use this space.

1. PLACE OF DEATH

(a) County Madaway Registration District No. 625
(b) Township 1 Primary Registration District No. 3031 Registered No. 6-1
(c) City Maryville (d) Street No. 721 S. Market 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 Eugene Edawrd Hilsabeck

(a) Residence, No. 721 S. Market St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) Oct. 12, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 7 243

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as saw mill, bank, etc. general store
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) Albany, Mo.13. NAME Agustas Hilsabeck14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Elizabeth Shelenberger16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT Chas. Hilsabeck
(ADDRESS) Maryville, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE East Oak Hill DATE 6-28-193819. FUNERAL DIRECTOR Price Funeral Home
(ADDRESS) Maryville, Mo.20. FILED 6-8 1938 Mamie E. Chardy Local Registrar (Address) Maryville Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 193822. I HEREBY CERTIFY, That I attended deceased from Aug 30th, 1932, to June 5th, 1938I last saw him alive on June 5th, 1938. Death is saidto have occurred on the date stated above, at 10³⁰ P.m.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance: gpcName of operation _____ Date of _____
What test confirmed diagnosis? none Was there an autopsy? No23. 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? No
If so, specify _____(Signed) L. E. Dean, M. D.(Address) Maryville Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

FORM 10-37 I X12004

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.

STATEMENT BY LICENSED EMBALMER

I, Clem M Price, Licensed Embalmer No. 1822

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 Clem M Price

Licensed Embalmer No. 1822

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.)