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.

JAN 11 1939

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

40795
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 10487
(c) City St. Louis, Missouri (d) Street No. City 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Mary Hilpisch
(a) Residence, No. 5438 Ruskin Ave. St. 7
(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: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About 1873
7. AGE: abt. 65 YEARS; MONTHS: -; DAYS: -; If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: housework
9. Industry or business in which work was done, as saw mill, bank, etc.: housework
10. Date deceased last worked at this occupation (month and year): About 1932
11. Total time (years) spent in this occupation: 95

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Missouri

FATHER
13. NAME: Nicholas Hilpisch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Pauline Leber
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Switzerland

17. INFORMANT (ADDRESS): Dr. Robert Mueller M.D. 5400 Arsenal Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE Dec. 6 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): John A. Genteman 5077 Lourant ave.
20. FILED DEC 5 1938 J. D. Budick Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 3, 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1938, 19..., to Dec. 3, 1938, 19...
I last saw her alive on Dec. 3, 1938, 19... Death is said to have occurred on the date stated above, at 8:50 m. P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerio Heart desease 11-7/38 | |
| Broncho Pneumonia 11-7-38 | |

Other contributory causes of importance:
Arteriosclerous Generalized 11-7-38
Senility 11-7-38 Hemiplegia 11-7-38 cause unknown
Name of operation ..... Date of ..... No
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) R. J. Mueller, M. D.
(Address) .....

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Albert E. Hoppe

Licensed Embalmer No. 2991

P. O. Address.....

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

**If this body is not embalmed, above space should be left blank.**