No. 2
4-13-40
-17-39
I X23159

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1826

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 56

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

11
1
7

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 815 North 13th 3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 months (Specify whether
In this community Life -55 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 7 (If outside city or town limits, write "RURAL")
(d) Street No. 211 Hickory 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Anna Hildebrandt
3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced married but separated
6. (b) Name of husband or wife Albert
6. (c) Age of husband or wife if alive (unknown) years
7. Birth date of deceased unknown (Month) 1885 (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	56	?	?	..... hr. ..... min.

9. Birthplace Marceline, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation housewife
11. Industry or business home
FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Roy McCollum 2119 South 3rd
(b) Address Burial
17. (a) ..... (Burial, cremation, or removal) (b) Date thereof 1-14-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Auburn Cemetery
18. (a) Signature of funeral director Tracy Barry Funeral Home
(b) Address 218 South 10th St St. Joseph, Mo.
19. (a) Jan 14 1941 (Date received local registrar) (b) H J Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13 year 1941 hour 6 minute 40 P.M.
21. I hereby certify that I attended the deceased from Oct 28, 1940, to Jan 11, 1941; that I last saw her alive on Jan 11, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of the Stomach	4 months
Due to Dropsy	3 months
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0 (Specify type of place)
While at work? (e) Means of injury
23. Signature Charles H Werner (M. D. or other) Mo
Address 221 Kirkpatrick Bldg St. Joseph Date signed Jan 13-41

(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 Victor J. Barry Registered Apprentice No. 252 working under my personal supervision.

Signed John E. Myers

Licensed Embalmer No. 3220

P. O. Address St. Joseph, Mo.

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.)

If this body is not embalmed, fact should be so stated above.