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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11190

State File No.

Registration District No. 470 Primary Registration District No. 5633 Registrar's No. 37

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mount Vernon (If outside city or town limits write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 54 days (Specify whether years, months or days)

In this community 54 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis City

(c) City or town St. Louis City, 3901 Randall (If outside city or town limits write "RURAL")

(d) Street No. 3901 Randall (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Charles Joseph Hilgert

3. (b) If veteran, name war Unknown

3. (c) Social Security No. 492-10-2799

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Genevieve Brouk Hilgert

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July (Month) 3d (Day) 1889 (Year)

8. AGE: Years 51 Months 8 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace High Ridge (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Metal Worker

11. Industry or business

MOTHER FATHER

12. Name John C. Hilgert

13. Birthplace Rock Creek (City, town, or county) Missouri (State or foreign country)

14. Maiden name Nahlik

15. Birthplace Rock Creek (City, town, or county) Missouri (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Missouri State Sanatorium

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/8/41 (Month) (Day) (Year)

(c) Place: burial or cremation St Louis Mo

18. (a) Signature of funeral director Geo B Ors

(b) Address Mt Vernon Mo

19. (a) 3-8-41 (Date received local registrar) (b) P A Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th year 1941 hour 10:22 minute A M.

21. I hereby certify that I attended the deceased from Dec. 24th, 1940 to March 8th, 1941 that I last saw him alive on March 8th, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration About 1½ yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Pulmonary Tuberculosis with Terminal Bronchial Pneumonia

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature D. L. Coffman (M. D. or other) M.D.

Address Mt Vernon Mo Date signed 3/8/41

(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.....

.....Registered Apprentice No.....

working under my personal supervision.

Signed George B Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon Ill

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

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