S. No. 2
4-13-40
5-17-39
PI X23159

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

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

13998

State File No.

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 481

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 807 North 10th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 807 N 10th St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Edward R. Hillebrand
(b) If veteran, name war none
3. (c) Social Security No. 500-07-5451

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased April (Month) 28 (Day) 1883 (Year)

8. AGE: Years 58 Months 0 Days 2 If less than one day hr. min.

9. Birthplace Saline County Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Body Builder & Car Repairman
11. Industry or business Karle Carriage Works
FATHER
12. Name Joseph Hillebrand
13. Birthplace P. Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Heinzler
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Bertha Hillebrand
(b) Address 807 North 10th St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet Cemetery
18. (a) Signature of funeral director Tracy Barry Funeral
(b) Address 218 South 10th St Home
19. (a) May 3, 1941 (Date received local registrar) (b) H J Mattlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1941 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from April 18 1941, to April 30 1941; that I last saw him alive on April 18 1941; and that death occurred on the date and hour stated above.

Immediate cause of death
(1) Cardiac decompensation
(2) Auricular fibrillation
Due to (3) Probable Rheumatic heart disease
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

Duration: approx 2 weeks ?

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 [signature] (M.D. or other)
Address [illegible] Date signed 5-1-41

(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 B J Brentlinger

Licensed Embalmer No. 4201

P. O. Address St Joseph, M

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.