

S. No. 2
M-8-13
5-17-39
P-I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 5 1945
Registration District No. 53

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1888
Registrar's No. 11

Primary Registration District No. 3010

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

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 535 S. Benton St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution not in Hospital
(Specify whether years, months or days) 42 YEARS 1

3. (a) PRINT FULL NAME MARTIN E. HILPERT
3. (b) If veteran, name war None
3. (c) Social Security No. 498-14-8236

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife DORATHEA HILPERT
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased OCT 30 1875
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 15
If less than one day hr. min.

9. Birthplace FROONA MO
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

MOTHER FATHER
12. Name JOHN HILPERT
13. Birthplace PERRY County MO
(City, town, or county) (State or foreign country)
14. Maiden name MARGARITE BLANKEN
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Albert S. Hilpert
(b) Address Cape Girardeau, Mo.

17. (a) MEMORIAL PARK Date thereof JAN. 16-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director M. L. Phelps

(b) Address Cape Girardeau, Mo.

19. (a) 1-15-45 (b) M. L. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau 16
(If outside city or town limits, write "RURAL")
(d) Street No. 535 S. Benton St. 1
(If rural, give location) 4
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14
year 1945 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan. 13th 1945 to Jan 14th 1945
that I last saw him alive on Jan. 13 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris
Duration

Due to Coronary artery conditions

Due to

Other conditions (Include pregnancy within 3 months of death) 9/46

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?

(Specify type of place)
While at work? (c) Means of injury

23. Signature M. L. Phelps (M. D. or other)
Address Cape Girardeau, Mo. Date signed 1/15/45

1014

RECEIVED

District Health Officer No. 4

District File Number 245-151

Date Filed 2-2-45

FEB 8 1945

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..... *P. J. Larberg*.....

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.