

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10911

Registration District No. 306

Primary Registration District No. 5424

Registrar's No. 7

1. PLACE OF DEATH:

(a) County GASCONADE
(b) City or town RURAL BOEUF TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: OWENSVILLE ROUTE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 YRS.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN EDWARD HILKERBAUMER

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife ANNA LOUISE BERGER 6. (c) Age of husband or wife if alive DEAD years

7. Birth date of deceased AUG. 9 1880
(Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 22 If less than one day hr. min.

9. Birthplace DRAKE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business

12. Name GOTLIEB HILKERBAUMER

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name WILHELMINA WOLBRINK

15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Hilkerbaumer

(b) Address OWENSVILLE ROUTE 1

17. (a) BURIAL (b) Date thereof 4-3-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. JAMES EV. CEM. DRAKE MO

18. (a) Signature of funeral director W. F. Gottschalk

(b) Address OWENSVILLE MO.

19. (a) 4-1-40 (b) John Engelbrecht
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. OWENSVILLE ROUTE 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 31
year 1940 hour 7 minute 00 A. M.

21. I hereby certify that I attended the deceased from March 26, 1940, to March 31, 1940, that I last saw him alive on March 30, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis

Due to Much rheumatism and hard work and exposure

Due to Chronic nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings of operations 131

Of autopsy

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 John Engelbrecht (M. D. or other)

Address Stang, Philham Date signed 4-1-40

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

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.....

Lloyd Fink....., Registered Apprentice No. 247
working under my personal supervision.

Signed W. F. Gottenstreter.....

Licensed Embalmer No. 1444

P. O. Address Owensville 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, above space should be left blank.