

FILED MAR 15 1945

Registration District No. 118

Primary Registration District No. 5439

Registrar's No. 1220

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Rural Casson Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Near Owensville 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Rural 37
(If outside city or town limits, write "RURAL")
(d) Street No. Owensville Route B
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME ELIZABETH MINNIE CHARLOTTE HILKERBAUMER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Hilkerbaumer 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased September 23 1895
(Month) (Day) (Year)

8. AGE: Years 49 Months 5 Days 3 If less than one day
hr. - min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Frederick Meise

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

14. Maiden name Charlotte Heistrink

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

16. (a) Informant George Hilkerbaumer

(b) Address Owensville, Mo. Route 1

17. (a) Burial (b) Date thereof Mar 2, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grave Lutheran Cem.

18. (a) Signature of funeral director Wilfred W. Winter

(b) Address Owensville Mo.

19. (a) March 2, 1945 (b) Myrtle M. Wenzel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26
year 1945. hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from January 19 to Feb. 26, 1945.
that I last saw her alive on Feb. 25, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 5 yrs.

Due to _____

Due to _____

Other conditions Hypertension 3 yrs.
(Include pregnancy within 3 months of death) 6 yrs.

Major findings Left Hemiplegia PHYSICIAN
Of operations None

Of autopsy None
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? _____

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

23. Signature Paul A. Branner (M. D. or other) _____

Address Owensville, Mo. Date signed 2-27-45

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

MOTHER FATHER

1287

JAN 21 1950

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 3-13-45

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 Me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Melford Winter
Licensed Embalmer No. 3838
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, fact should be so stated above.