No. 2
-8-43
17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 36617

Registration District No. 117 — Primary Registration District No. 5435 — Registrar's No. 9

**1. PLACE OF DEATH:**

(a) County: Gasconade

(b) City or town: Stonyhill - Boeuf
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Her Residence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: ____ In this community: Lifetime
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Gasconade

(c) City or town: Stonyhill
(If outside city or town limits, write "RURAL")

(d) Street No.: none
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: ____

**3. (a) PRINT FULL NAME:** ANNA LOUISE ENGELBRECHT

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: ____

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

7. Birth date of deceased: August (Month) 19 (Day) 1867 (Year)

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 79 | 3 | 4 | ____ hr. ____ min. |

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

10. Usual occupation: Housekeeper

11. Industry or business: Housewife

FATHER
12. Name: Gottlieb Hilkerbaumer
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: Unknown Vohlbrink
15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Mr. Erwin Engelbrecht
(b) Address: Stonyhill, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-26-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Stonyhill, Mo.

18. (a) Signature of funeral director: Ranft Bluemer
(b) Address: Berger Mo

19. (a) Dec. 25, 46 (Date received local registrar) (b) Mrs. Ray Schaeperkoetter (Registrar's signature)

## MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month: Nov. day: 23rd year: 1946 hour: 3 minute: 15 A M.

21. I hereby certify that I attended the deceased from Oct 24 - 1946 to Nov 23 - 1946 that I last saw her alive on Nov - 21 1946 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Apoplexy | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations: 43 A
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? ____
While at work? ____ (Specify type of place) (e) Means of injury: ____

23. Signature: Howard Herkenhoff (M. D. or other)
Address: Hermann Mo Date signed: 1-23-46

100 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number----------
Date Filed ---------- 12-3-46

## 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 Herman Blumer

Licensed Embalmer No. 528

P. O. Address Berger Mo

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

**If this body is not embalmed, fact should be so stated above.**