RECD SEP 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28539
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau, Registration District No. 125
(b) Township " Primary Registration District No. 3009 Registered No. 25-3
(c) City Cape Girardeau (d) Street No. 512 South Hanover St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louise Ueleke

(a) Residence, No. 512 South Hanover St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Otto Ueleke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
47	2	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House
9. Industry or business in which work was done, as saw mill, bank, etc. Work
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gordonville, Mo.

FATHER
13. NAME Christain Hager
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gordonville, Mo.

MOTHER
15. MAIDEN NAME Freida Frey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boden Germany

17. INFORMANT Otto Ueleke
(ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lorimier Cemt DATE Aug. 30, 1938

19. FUNERAL DIRECTOR (NAME) Haman's Funeral Home
(ADDRESS) Cape Girardeau, Mo.

20. FILED 8-29, 1938 J. M. Thompson
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1937, to Aug 28, 1938
I last saw her alive on Aug 28 1938. Death is said to have occurred on the date stated above, at 3:10 A.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of intestines Date of onset July 1937

H & C

Other contributory causes of importance:

Name of operation Cystic ovary removed Date of Aug 1937
What test confirmed diagnosis? non pregnant Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signed) W. A. Schaum, M. D.
(Address) Cape Girardeau Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 L L Haman

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau,

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.