

DEC'D APR 10 1939

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

10329
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125
(b) Township 11 Primary Registration District No. 3009 Registered No. 100
(c) City Camden (d) Street No. St. Francis Hospital 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. 0 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

630 Calizabeth Virginia Fuerth
(a) Residence, No. 119 S. Spanish St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OR (OR) WIFE OF Paul Fuerth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31 - 1906
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 1 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Cape Girardeau Mo.

FATHER 13. NAME E. P. Collins 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Co Mo. 0

MOTHER 15. MAIDEN NAME Lida Benson 0
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Paul E. Fuerth
119 S. Spanish St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's cemetery DATE Mar. 14, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John F. G. Co
Cape Girardeau Mo.

20. FILED 3-12-39 J.M. Champion Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/4, 1939 to 3/12, 1939
I last saw h. etc. alive on 3/11, 1939 Death is said to have occurred on the date stated above, at 6:40 a.m.
The principal cause of death and related causes of importance were as follows:

The principal cause of death and related causes of importance were as follows:

Pyrexemia (R. Local)
Date of onset

Other contributory causes of importance:

Name of operation None Date of None
What test confirmed diagnosis? Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury None, 1939
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 None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) C. Fuerth, M. D.

(Address) Cape Girardeau Mo.

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,

C. J. Lorberg

or by

Registered Apprentice No. _____ working under my personal supervision.

Signed

C. J. Lorberg

Licensed Embalmer No. *3810*

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.