

1939 AUG 12 1939

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

Do not use this space.

25265

1. PLACE OF DEATH. St. Francis.

County Cape Girardeau  
Township Cape Girardeau  
City Cape Girardeau (No. St. Francis Hospital)

Registration District No. 125  
Primary Registration District No. 3 U 9

File No. 25265  
Registered No. 256  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Erna Jean Schlegel

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 39 mos. 28 ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-23-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1 0 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, 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.

13. NAME Richard Schlegel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dutchtown, Mo.

15. MAIDEN NAME Idamay Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison, Ill.

17. INFORMANT Richard Schlegel  
(ADDRESS) Cape Girardeau, R. 1, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chester, Ill. DATE July 23, 1939

19. UNDERTAKER (ADDRESS) Seabaugh Funeral Home  
1185.3 Sprigg Cape Girardeau, Mo.

20. FILED 7-21-39 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from July 16, 1939 to July 21, 1939.  
Last saw her alive on July 21, 1939. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Acute Colitis Date of onset 7-16-39

Other contributory causes of importance: \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Exam of stool 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) P. A. Rether M. D.  
(Address) Cape Girardeau, Mo.

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.

WHILE FILLING IN THIS IS A PERMANENT RECORD

1939

<sup>Mr</sup> Earl J. Smith

# 2678