

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10525

Registration District No. 120

Primary Registration District No. 3009

Registrar's No. 108

1. PLACE OF DEATH:

(a) County. CAPE GIRARDEAU.
(b) City or town. CAPE GIRARDEAU
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community. ALL Her LIFE (Specify whether years, months or days)

3. (a) PRINT FULL NAME. CARRIE FOERENBACH.

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

4. Sex. F 5. Color or race. A. 6. (a) Single, widowed, married, divorced. A.

6. (b) Name of husband or wife. Albert See 6. (c) Age of husband or wife if alive. 42 years

7. Birth date of deceased. See 11 1857 (Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 11 If less than one day hr. min.

9. Birthplace. Egypt Mills Mo (City, town, or county) (State or foreign country)

10. Usual occupation. House work.

11. Industry or business.

12. Name. Henry Haupt

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

14. Maiden name. Julia Thasie

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

16. (a) Informant's own signature. Winnie Foerbach

(b) Address. Cape Girardeau.

17. (a) Burial, cremation, or removal. Burial (b) Date thereof. 3 17 40 (Month) (Day) (Year)

(c) Place: burial or cremation. Egypt Mills, Mo.

18. (a) Signature of funeral director. [Signature] (b) Address. Cape Girardeau Mo

19. (a) 3-10-40 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. CAPE GIRARDEAU.
(c) City or town. CAPE GIRARDEAU.
(If outside city or town limits, write "RURAL")
(d) Street No. 402 N. FREDERICK
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 15 year 1940 hour 9 minutes 30 P. M.

21. I hereby certify that I attended the deceased from next 3 days, 1940, to next 13 days, 1940, that I last saw her alive on next 13 days, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death. myocardial infarction Duration 1 3/4 hr

Due to. no other cause than advanced years essential

Due to. Pulmonary edema
Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy.

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? 12!

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

23. Signature. [Signature] (M. D. or other)

Address. CAPE GIRARDEAU, Mo Date signed 3/16/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

REV. 5-17-39 I X1931

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.....

Licensed Embalmer No.....

P. O. Address.....

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.