

MAR 14 1941

State File No. \_\_\_\_\_

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau

(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

628 So. Benton St. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau

(c) City or town Cape Girardeau 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 628 So. Benton St.  
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Hilarius A. Schmitzke

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9  
year 1941 hour 5 minute 30 P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

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

21. I hereby certify that I attended the deceased from March 1938, 1938, to Feb 9, 1941  
that I last saw him alive on Feb 9, 1941  
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 1 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Valvular Heart Disease

9. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Paper Hanger

11. Industry or business \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name Anton Schmitzke

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Jung

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. H. A. Schmitzke

(b) Address Cape Girardeau Mo.

17. (a) Burial (b) Date thereof Feb. 11-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cem.

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? \_\_\_\_\_

18. (a) Signature of funeral director Walter J. ...

(b) Address Cape Girardeau Mo.

19. (a) 2-9-41 (b) Jim. ...  
(Date received local registrar) (Registrar's signature)

23. Signature Wm. W. ... (M. D. or other) 0  
Address Cape Girardeau Date signed 2-10-41

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

**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.....

*J. H. Pister*

..... Licensed Embalmer No. *3980*.....

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, fact should be so stated above.**