FILED MAR 14 1941

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

6557
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau — Registration District No. 125

(b) Township or City Cape Girardeau Mo. — Primary Registration District No. 5178 — Registered No. 65

(c) (d) Street No. Route 1 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 Ida Seimers

(a) Residence, No. Cape Girardeau St. Mo. Rural
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed 2

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: F.h.Seimers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 4th 1856

7. AGE: YEARS 84 — MONTHS 25 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired
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: Wm. Koerber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hanover Germany 4

MOTHER
15. MAIDEN NAME: Eliza Menter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hanover Germany 4

17. INFORMANT (ADDRESS): Mrs A.H.Feuerhahn Dutchtown, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mausleum. Lorimer DATE Feb. 9 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Brinkopf Howell Cape Girardeau Mo

20. FILED 2-2- 1941 J.M. Thompson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 7th 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5th, 1941, to Feb. 7th, 1941
I last saw her alive on Feb. 6th, 1941. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy. — Date of onset Feb 7/41

Other contributory causes of importance: Arteriosclerosis. ?

Name of operation ..... Date of .....
What test confirmed diagnosis? Symptoms 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) G.B. Schultz, M. D.
(Address) Cape Girardeau Mo

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X16505

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 Joe G Howell

Licensed Embalmer No. 3390

P. O. Address Cape Girardeau Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.