

FILED MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14131

State File No. _____

Registration District No. 125 Primary Registration District No. 3009 Registrar's No. 105

1. PLACE OF DEATH:

(a) County CAPE
(b) City or town CAPE GIRADEAU
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. FRANCIS HOSPITAL
(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

3. (a) PRINT FULL NAME HENRY CHARLES SCHUMPF

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ROSE ZELLA 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 3 27 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 0 19 hr. _____ min.

9. Birthplace OLD APPLETON MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name George Schumpf

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

14. Maiden name ELIZABETH SCHAEFER

15. Birthplace CAPE LODON MO
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Schumpf

(b) Address Perryville Mo

17. (a) Perryville (b) Date thereof 4-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home Cemetery

18. (a) Signature of funeral director Phil A. Feuchte

(b) Address Perryville Mo

19. (a) 4-17-41 (b) John Thompson
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Perry 79
(c) City or town Perryville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) _____
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 17 ~~18~~
year 1941 hour 1 minute 30 A M.

21. I hereby certify that I attended the deceased from 4/17, 1941, to 4/17, 1941;
that I last saw him alive on 4/16, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia

Due to Fr. Rt. Hep - Cong. Necr

Other conditions SBW
(Include pregnancy within 3 months of death) 10

Major findings:
Of operations _____
Of autopsy _____

Duration 1 WK
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident suicide, or homicide (specify) _____
(b) Date of occurrence 3-17-41 079
(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? Home
While at work? _____ (Specify type of place) (e) Means of injury Fall

23. Signature OTB Elrod (M. D. or other) _____
Address Cape Girardeau Mo Date signed _____

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 4-16

....., Registered Apprentice No.

working under my personal supervision.

Signed

Philip A. Leucke

Licensed Embalmer No.

2936

P. O. Address

Derryville Pa

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.