

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19749  
State File No. 1745  
Registrar's No. 190

FILED JUN 11 1941

Registration District No. 125 Primary Registration District No. 3009

16  
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1. PLACE OF DEATH:  
(a) County. CAPE GIRARDEAU  
(b) City or town. (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 240 North Park (If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 73 YEARS (Specify whether years, months or days)

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. 240 North Park (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME August Schaefer.  
(b) If veteran, name war. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month MAY day 14 year 1941 hour 8 minute 05 A.M.

4. Sex. MALE 5. Color or race. White 6. (a) Single, widowed, married, divorced. Widowed  
(b) Name of husband or wife. MARY (c) Age of husband or wife if alive years  
7. Birth date of deceased. Feb 5 1868 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1/10/41 to 5/14/41; that I last saw him alive on 5/13/41 and that death occurred on the date and hour stated above.  
Immediate cause of death. Coronary Thrombosis  
Duration 270

8. AGE: Years 13 Months 3 Days 9 If less than one day hr. min.

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

9. Birthplace. CAPE GIRARDEAU MO (City, town, or county) (State or foreign country)

10. Usual occupation. SHOE FACTORY WORKER

11. Industry or business

12. Name. UNKNOWN

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

14. Maiden name

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

16. (a) Informant Mrs Steve Owens (b) Address CAPE GIRARDEAU MO

17. (a) Burial (b) Date thereof. 5 16 41 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation FAIRMONT

18. (a) Signature of funeral director J.G. HOWELL (b) Address CAPE GIRARDEAU MO

19. (a) 5-14-41 (b) J.M. Thompson (Date received local registrar) (Registrar's signature)

Major findings: Of operations. Of autopsy. 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  
(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?

23. Signature J. Schaefer (M. D. or other) While at work? (Specify type of place) (c) Means of injury  
Address CAPE GIRARDEAU MO Date signed 5/14/41

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

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**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, fact should be so stated above.**