

S. No. 2
1-1-441
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 43

FILED MAR 8 1943
Registration District No. 5300

Primary Registration District No. 3010

16
14

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

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: St. Francis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution hospital - 6 days
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME Emanuel Jacob Sitzes Jr

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 1, 1929
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>13</u>	<u>6</u>	<u>21</u>	hr. _____ min.

9. Birthplace Arabi Missouri
(City, town or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER

12. Name Emanuel Jacob Sitzes Sr

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

14. Maiden name Ruby Ethel Fish

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

16. (a) Informant Emanuel Jacob Sitzes Jr

(b) Address Arabi, Missouri

17. (a) Burial (b) Date thereof Jan. 25 1943
(Burial, cremation, or reburial) (Month) (Day) (Year)

(c) Place: burial or cremation Brough Creek Baptist Church

18. (a) Signature of funeral director Glenn S. Morgan

(b) Address Advance, Mo.

19. (a) 2-11-43 (b) G. W. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wainnes

(c) City or town Arabi
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22
year 1943 hour 1 minute 55 P.M.

21. I hereby certify that I attended the deceased from _____ 19____ to Jan 27 1943
that I last saw him/her alive on Jan 27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrosis of the River 4 Weeks
Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Brain very large falling the entire abdominal space severely enlarged.

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature George O. Phelps (M. D. or other) _____
Address Arabi, Missouri Date signed 1-24-43

RECEIVED

District Health Officer No. 4

District File Number 343-1893

Date Filed 8-8-43

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.....

Lloyd S Morgan, Registered Apprentice No.....
working under my personal supervision.

Signed *Lloyd S Morgan*

Licensed Embalmer No. 3361

P. O. Address *Advance, Mo*

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.