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No. 2  
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5-17-39  
X322875

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 9 1943  
Registration District No. 51

Primary Registration District No. 5181

Registrar's No. 19

1. PLACE OF DEATH:

(a) County. Cape Girardeau

(b) City or town. Rural approx. 10 miles N. of Cape Girardeau

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. Entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town. Rural 1 1/2 miles N. of Cape Girardeau (If outside city or town limits, write "RURAL.")

(d) Street No. 5 (If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country. —

3. (a) PRINT FULL NAME. ISABELLE BRUIHL

3. (b) If veteran, name war. —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1943 hour 12:00 minute — A.M.

4. Sex. Female

5. Color or race. white

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

6. (b) Name of husband or wife. —

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

7. Birth date of deceased. Feb. 17-1861 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from was called to see patient 6-3-1943 to 12:00 AM 19...; that I last saw h... alive on Dead when I arrived 19...; and that death occurred on the date and hour stated above.

Immediate cause of death. Heart block of Coronary Arteries

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>3</u>	<u>21</u>	hr. min.

Due to .....

Due to .....

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

Major findings: Of operations

Of autopsy

9. Birthplace. Oak Ridge Mo (City, town, or county) (State or foreign country)

10. Usual occupation. Housekeeper

11. Industry or business

12. Name. Henry Bruhl

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

14. Maiden name. Anna Weise

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

16. (a) Informant. Fred H. Bruhl

(b) Address. Oak Ridge

17. (a) Burial (b) Date thereof. June 5-1943 (Month) (Day) (Year)

(c) Place: burial or cremation. Zion Methodist Cemetery

18. (a) Signature of funeral director. W. Miller

(b) Address. Jackson

19. (a) June 7-1943 (b) Henry W. Gutz (Date received local registrar) (Registrar's signature)

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? .....

While at work? (Specify type of place) .....

(e) Means of injury .....

23. Signature. R.D. Blaylock (M. D. or other) .....

Address. Oak Ridge Mo Date signed 6-4-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1328

(Licensed Embalmer's Statement on Reverse Side)

**RECEIVED**

District Health Officer No. 4  
District File Number 243-2435  
Date Filed 7-8-43

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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 Gene C. Crawford  
Licensed Embalmer No. 4327  
P. O. Address Jackson, 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.**