

S. No. 2  
M-2-43  
7. 5-17-39  
-1 X35879

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33916  
State File No.

FILED NOV 10 1944

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 324

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: 818 No. Fountain  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 40 yrs. years, months or days)

3. (a) PRINT FULL NAME MARIE SCHUMACHER

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John Lee 6. (c) Age of husband or wife if alive years  
(Month) (Day) (Year)

7. Birth date of deceased Dec - 1865  
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 22 If less than one day  
hr. min.

9. Birthplace New Wells Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Balthazar Erlbacher

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

14. Maiden name Dorothea Kieninger

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

16. (a) Informant Mr. John Schumacher

(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof Oct 3 - 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Walther's Und. Co.

(b) Address Cape Girardeau, Mo.

19. (a) 10-3-44 (b) W. H. Thoms  
(Date received by local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 818 No. Fountain St.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ✓ 0 7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1<sup>st</sup>  
year \_\_\_\_\_ hour 10 minute 45 a. m.

21. I hereby certify that I attended the deceased from Aug. 5<sup>th</sup> 1944, to Oct. 1<sup>st</sup> 1944  
that I last saw her alive on Sept. 30<sup>th</sup> 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death arterio sclerosis Duration ?

Due to Senility

Due to Patience deceased had a hip fracture 8/5/44 and has been getting constantly weaker since the accident.

Other conditions getting constantly weaker  
(Include pregnancy within 3 months of death)

Major Swelling: fell in her own kitchen

Of operations \_\_\_\_\_

Of autopsy 1869-5

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) accident 115

(b) Date of occurrence 8-5-44

(c) Where did injury occur? Cape Girardeau Cape Gir. Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
in her house

While at work? No (Specify type of place) (e) Means of injury fell

23. Signature W. H. Thoms (M. D. or other)  
Address Cape Girardeau, Mo. Date signed 10/3/44

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

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101 X

RECEIVED

District Health Officer No. 4  
District File Number 1144-4529  
Date Filed 11-7-44

**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 Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau, 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.**

44-6-201