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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4017

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 2051

1. PLACE OF DEATH:

(a) County
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days 0 (Specify whether
In this community 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. 603 S. Albert St. NR
(If rural, give location) 16
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1 4

3. (a) PRINT FULL NAME JANE ELIZA BREAK

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Haisten Break

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March (Month) 22 (Day) 1892 (Year)

8. AGE: Years 52 Months 11 Days 6 If less than one day hr. min.

9. Birthplace Cape Girardeau Co. (City, town, or county) Missouri (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Louis Wolters
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Luronia Masters
15. Birthplace Bollinger County (City, town, or county) Missouri (State or foreign country) 1

16. (a) Informant Haisten Break
(b) Address Cape Girardeau, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-45 (Month) (Day) (Year)
(c) Place: burial or cremation Cape Girardeau, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) 3-2-45 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28 year 1945 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb. 21, 1945, to Feb. 28, 1945; that I last saw he alive on Feb. 28, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: operative shock	5 hrs
Due to: Hemorrhage	5 hrs
Due to: Carcinoma of rectum	6 mos
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: Carcinoma of rectum
Of autopsy: Some

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 Gordon F. Moore (M. D. or other)
Address Barnes Hospital Date signed 2/28/45

(Licensed Embalmer's Statement on Reverse Side)

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed. .....

Licensed Embalmer No. 1861

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.