

FILED MAR 9 1945

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 47

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

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

In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 13 No Fountain St
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME FREDERICK R. WAGNER

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13 year 1945 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from 1-1 1945 to 2-13 1945; that I last saw her alive on Feb 12 1945 and that death occurred on the date and hour stated above.

4. Sex Female Color or race White

5. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive, years 27 (Day) 1857 (Year)

7. Birth date of deceased: Sept (Month) 27 (Day) 1857 (Year)

Immediate cause of death: Arterial sclerosis and regenerative changes of age

Due to decline projected following hip fracture / 43 days

Due to _____

8. AGE: Years 87 Months 4 Days 16 If less than one day hr. min.

Other conditions: fractured right hip (healed) / 43 days

(Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Rasche

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

14. Maiden name Wilhelmina Japp

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

Major findings: 1945

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Ruby W. Walters

(b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof Feb. 15-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Jackson City Cem

18. (a) Signature of funeral director J. Walthus

(b) Address Cape Girardeau Mo

19. (a) 2-14-45 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 1-1-45

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

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

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

23. Signature R. G. Ritter (M. D. or other)

Address Cape Girardeau Mo Date signed 2-13-45

1014

RECEIVED

District Health Officer No. 4

District File Number 345-317

Date Filed 3-6-45

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.