

No. 2
M-5-43
5-17-39
X36672

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12465**
Registrar's No. **143**

Registration District No. **53** Primary Registration District No. **3010**

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:
CORNER GOODHOPE AND LOUIS ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **30 YEARS** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **CAPE GIR**
(c) City or town **CAPE GIRARDEAU**
(If outside city or town limits, write "RURAL")
(d) Street No. **1118** **COUSIN**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **✓**

3. (a) PRINT FULL NAME **ANTON GERINGER**
3. (b) If veteran, **✓** name war **✓** 3. (c) Social Security No. **✓**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **4** day **25**
year **1946** hour **✓** minute **✓** M. **✓**

4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **✓** 6. (c) Age of husband or wife if alive **✓** years **✓**
7. Birth date of deceased **MAR 5 - 1869**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **4-10** 19**46**, to **4-25** 19**46**
that I last saw h. **✓** alive on **✓** 19 **✓**;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
77 **1** **20** hr. min.

Immediate cause of death **✓**
Due to **✓** **Voluntar Dis**
Due to **✓**

9. Birthplace **PERRY Co. MO**
(City, town, or county) (State or foreign country)
10. Usual occupation **CARPENTER**

Other conditions
(Include pregnancy within 3 months of death)
Major findings: **1310**
Of operations **✓**
Of autopsy **✓**

MOTHER FATHER
11. Industry or business
12. Name **JOSEPH GERINGER**
13. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)
14. Maiden name **M. WINDENGER**
15. Birthplace **PERRY Co. MO**
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **RUPERT GERINGER**
(b) Address **CAPE GIRARDEAU**
17. (a) **BURIAL** (b) Date thereof **4-27-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **ST. MARYS, GEM**
18. (a) Signature of funeral director **Walthers Und. Co**
(b) Address **CAPE GIRARDEAU MO**
19. (a) **4-26-1946** (b) **C. G. Summers**
(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 **✓** (M. D. or other) **✓**
Address **✓** State signed **✓**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
11374

16
140

RECEIVED

District Health Officer No. 4
District File Number 546-2080
Date Filed 5-7-46

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. Kelch

Licensed Embalmer No. 4102

P. O. Address

Cape Feardean Mrs.

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.