

FILED APR 30 1946

Registration District No. 23

Primary Registration District No. 3010

Registrar's No. 140

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: So. E. MO. HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)

In this community 1 Day

3. (a) PRINT FULL NAME RUBY LUCILLE SCHWACH

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife EDWARD SCHWACH

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased APRIL 17 1915
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

31 0 4 hr. min.

9. Birthplace Cape Girardeau Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Melvin Revelle

13. Birthplace Allenville Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Chloria Mrs. Neely

15. Birthplace Allenville Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Schwach

(b) Address Chaffee Mo.

17. (a) Burial (b) Date thereof 4-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Edwards Dutchtown Mo

18. (a) Signature of funeral director Bispinghoff Funeral Home

(b) Address Chaffee, Mo

19. (a) 4-24-1946 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Scott 100

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

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st
year 1946 hour 7 minute 25 PM

21. I hereby certify that I attended the deceased from 21 April
1946 to 21 April 1946;

that I last saw her alive on 21 April 1946;

and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Due to Septic Sore throat

Due to _____

Other conditions Agranulocytosis
(Include pregnancy within 6 months of death)

Major findings: Of operations _____

Of autopsy Bilateral lobar pneumonia, massive pleural adhesions (old & new)

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. A. Reynolds (M. D. Mo.)
Address Cape Girardeau, Missouri Date signed 330 p.m. 46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

11391

RECEIVED.

District Health Officer No. 4
District File Number 446-2020
Date Filed 4-29-46

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.....

Mamie Beplerghuff

Licensed Embalmer No. 3242

P. O. Address Chaffee, 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.