S. No. 2
OM—2-43
v. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 1 1946

32960

State File No.

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 347

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: Southeast Missouri Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape
(c) City or town Cape Girardeau Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Cape Rock Drive
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Germany

3. (a) PRINT FULL NAME George Schuster
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nah Known
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased June (Month) 22 (Day) 1852 (Year)

8. AGE: Years 94 Months 3 Days 18 If less than one day hr. min.

9. Birthplace Kallstadt by Dura Reim - Bayern Germany
(City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business —
FATHER
12. Name Gotfried Schuster
13. Birthplace Germany
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth - Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)
16. (a) Informant George Kimball
(b) Address Cape Girardeau Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-21-46 (Month) (Day) (Year)
(c) Place: burial or cremation Louisville, Ky.
18. (a) Signature of funeral director J. Howell
(b) Address Cape Girardeau Mo.
19. (a) 10-24-1946 (Date received local registrar) (b) G. G. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20
year 1946 hour 6 minute 45 P M.
21. I hereby certify that I attended the deceased from Oct 10, 1946, to Oct 20, 1946;
that I last saw him alive on Oct 20, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 R. C. Ritter, M.D. (M. D. ~~or other~~)
Address Cape Girardeau Mo Date signed 10/20/46

44 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1046-2806

Date Filed 10-28-46

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 W. H. Estes

Licensed Embalmer No. 3568

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.