

FILED JAN 7 1947

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **440**

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 1 da
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry
(c) City or town Perryville
(If outside city or town limits, write "RURAL")
(d) Street No. East St. Marie St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles James Duer

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louise Besand 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased October 22, 1897
(Month) (Day) (Year)

8. AGE: Years 49 Months 2 Days 4
If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business Insurance Salesman

12. Name Joseph Duer

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

14. Maiden name Mary Brooker

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

16. (a) Informant Mrs. Louise Duer

(b) Address Perryville, Mo.

17. (a) Burial (b) Date thereof 12-30-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Ben Stungel Hope

(b) Address Perryville, Mo.

19. 12-31-1946 (Date received local registrar) (b) C. G. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 12 day 25
year 46 hour _____ minute _____ P. M.

21. I hereby certify that I attended the deceased from 12/25 1946, to 12/26 1946
that I last saw h. _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death PNEUMONIA (Lobar) Duration _____

Due to _____

Due to CIRRHOSIS OF LIVER

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 1246

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? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature A. J. Smith (M. D. or other) _____
Address Cape Girardeau Mo. Date signed 12/29/46

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

38652

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REC'D
FEB 12 1947

HEALTH OFFICER
Health Officer No. 4
File Number 147-41
Date Filed 1-6-47

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..... *Albert Bey*

Licensed Embalmer No. 3866

P. O. Address *Perryville, 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.