

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4233

Registration District No. 23

Primary Registration District No. 3010

Registrar's No. 65

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

1. PLACE OF DEATH:

(a) County: CAPE GIRARDEAU

(b) City or town: CAPE GIRARDEAU

(c) Name of hospital or institution: 133 So. BENTON

(d) Length of stay: In hospital or institution 42 YEARS

In this community 42 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: CAPE GIRARDEAU

(c) City or town: CAPE GIRARDEAU, Mo

(d) Street No.: 133 So. BENTON ST

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: ELIZABETH QUADE

(b) If veteran, name war: No

(c) Social Security No: No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28 year 1947 hour 7 minute 30 P.M.

4. Sex: FEMALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: 2 WIDOWED

6. (b) Name of husband or wife: No

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

21. I hereby certify that I attended the deceased from Feb. 21, 1947, to Feb. 28, 1947, that I last saw him alive on Feb. 28, 1947, and that death occurred on the date and hour stated above.

7. Birth date of deceased: FEB. 9 1860

8. AGE: Years 87 Months 0 Days 9

Immediate cause of death: Op. pylorus

Due to: Arterio. sclerosis

9. Birthplace: CAPE GIRARDEAU, Co. MO

10. Usual occupation: HOUSE WIFE

11. Industry or business: HOME

Other conditions: None

Major findings: Of operations: ✓

Of autopsy: ✓

MOTHER FATHER

12. Name: JACOB SCHWARZ

13. Birthplace: GERMANY

14. Maiden name: UNKNOWN

15. Birthplace: UNKNOWN

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant: ALEX QUADE

(b) Address: CAPE GIRARDEAU MO

17. (a) BURIAL (b) Date thereof: 3-2-1947

(c) Place: burial or cremation: FAIRMOUNT GEM

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?: ✓

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

18. (a) Signature of funeral director: Walthers Und. Co

(b) Address: Cape Girardeau Mo

19. (a) 3-2-1947 (b) G. C. Summers

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

23. Signature: Walthers Und. Co (M. D. or other) MO

Address: Cape Girardeau Mo Date signed: 3-1-47

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EMED

Health Officer No. 4

File Number 347-340

Date 3-10-47

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

Virgil W. Kelch

Licensed Embalmer No. 4102

P. O. Address

Cape Girardeau - 1

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.