

S. No. 2
M-5-43
7-5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12707
Registrar's No. 141

Registration District No. 53 Primary Registration District No. 3010

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: St. Francis Hospital
(d) Length of stay: In hospital or institution TWO weeks
In this community Lifetime

3. (a) PRINT FULL NAME EMMA J. SAILER
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased May 6 1860

8. AGE: Years 86 Months 11 Days 18

9. Birthplace Cape Girardeau Missouri
10. Usual occupation Housewife

11. Industry or business
12. Name Henry Rabaich
13. Birthplace Germany
14. Maiden name Johanna Hartman
15. Birthplace Germany

16. (a) Informant Ed. J. Sailer
(b) Address Cape Girardeau - Mo.
17. (a) Burial (b) Date thereof Apr. 26, 1947
(c) Place: burial or cremation Lormier Cemetery
18. (a) Signature of funeral director Walther's Und. Co.
(b) Address Cape Girardeau, Mo.
19. (a) H-28-1947 (b) C. C. Summers

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(d) Street No. 707 North Henderson
(e) Citizen of foreign country? No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 24 year 1947 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from April 11 1947 to April 24 1947 that I last saw her alive on April 24th and that death occurred on the date and hour stated above.

Immediate cause of death: Spasms of larynx
Due to: 13 days

Other conditions: Senility
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) Accident
(b) Date of occurrence April 11 - 1947
(c) Where did injury occur? Fall at her home
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
While at work? No (Specify type of place)
(e) Means of injury Fall
23. Signature R.C. Ritter, M.D. (M. D. or other) O
Address Cape Girardeau Mo Date signed 4-25-47

REIVED

Sanitary Health Officer No. 4
Sanitary File Number 547-614
Date Filed 5-5-47

MAY 11 1948

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 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.