

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUL 30 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23595**

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **227**

**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 day  
(Specify whether years, months or days)

In this community 1 day  
(years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Perry **79**

(c) City or town Rural **0**  
(If outside city or town limits, write "RURAL")

(d) Street No. Perryville, R. # 2 **0**  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) **1**

If yes, name country

**3. (a) PRINT FULL NAME** Ronald Wilfred Ernst

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 Single

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased September 1, 1945  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>1</u>	<u>10</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation Child

11. Industry or business \_\_\_\_\_

12. Name Wilfred Ernst

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

14. Maiden name Wenta Ringel

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

16. (a) Informant Wilfred Ernst

(b) Address Perryville, Mo. R. 2

17. (a) Burial (b) Date thereof 7-23-1947  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place of burial Bible Catholic Cemetery

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

(b) Address Perryville, Mo.

19. (a) 7-25-1947 (b) D. G. Summers  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 7 day 21  
year 1947 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from 7/21  
1947, to 7/21, 1947  
that I last saw h. in alive on 7/21, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death General peritonitis Duration ?

Due to Ruptured appendix ?

Due to \_\_\_\_\_

Other conditions 101  
(Include pregnancy within 3 months of death)

Major findings: General peritonitis due to ruptured ganglions appendix

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury ?

23. Signature: P. C. Ritter (M. D. or other) ?

Address Cape Girardeau, Mo. Date signed 7-24-47

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

RECEIVED

District Health Officer No. 4  
District File Number 747-980  
Date Filed 7-28-47

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**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.....

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.**