

S. No. 2
OM-2-43
5-17-39
I X35897

8072

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 6 1948

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 103

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

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:
153 South Benton St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
In this community 24 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No. 153 S. Benton St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Katie Anna Schlegel

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife August Schlegel 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 14, 1868
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 15 If less than one day
hr. _____ min. _____

9. Birthplace Near Benton, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Ed. Schlegel
(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof 3/31/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director L.L. Haman

(b) Address Cape Girardeau

19. (a) 4-1-48 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th
year 1948 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from March 5, 1948 to March 5, 1948
that I last saw him alive on March 5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Heart Failure Throm

Due to _____

Due to _____

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

Major findings: Of operations ✓ Of autopsy ✓

200A

Duration

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) (e) Means of injury ✓

23. Signature [Signature] (M. D. or other) Dr. D
Address Cape Girardeau Date signed 3/29/48

RECEIVED

Health Officer No. 4
File Number 448-423
4-5-48

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 William Lee Townes

Licensed Embalmer No. 4410

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.