

Registration District No. 53

Primary Registration District No. 5185

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Rural Gordonville (Cape Gir)
(c) Name of hospital or institution:
1/2 mile west Leming Orchards
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not in either
(Specify whether)
In this community Entire life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girard
(c) City or town Rural Gordonville
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 mile west Leming Orchards
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1948 hour 12:05 minute P M.

21. I hereby certify that I attended the deceased from 7-23, 1947, to March 21, 1948;
that I last saw him alive on March 8, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Thrombosis
Coronary Artery disease
Due to Atherosclerosis
Myocarditis
Duration
8 yr
8 yr
8 yr

Other conditions
(Include pregnancy within 3 months of death)

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)
(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

3. Signature R.G. Ritter (M. D. or other)
Address Cape Girardeau, Mo Date signed 3-22-48

3. (a) PRINT FULL NAME Herman Louis Siemers

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

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

6. (b) Name of husband or wife Mary Eggimann Siemers live -- years 6. (c) Age of husband or wife if

7. Birth date of deceased Nov. 20 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 4 1 -- hr. -- min.

9. Birthplace Rural Gordonville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Cunrod Siemers

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

14. Maiden name Hermina Bertling

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

16. (a) Informant M. F. Siemer

(b) Address Gordonville, Mo.

17. (a) Burial (b) Date thereof 3/23/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director [Signature]

(b) Address Cape Girardeau, Mo.

19. (a) 3-23-48 (b) C. G. Siemers
(Date received local registrar) (Registrar's signature)

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

96

16
0
3

93.8

REIVED

Health Officer No. 4

File Number 348-397

dated 2-29-48

MAY 19 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..... *C. J. Lorberg*.....

Licensed Embalmer No. 3810

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.