

FILED APR 20 1948

Registration District No. 33

Primary Registration District No. 5785

Registrar's No. 120

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Dutchtown (CAPE)  
(c) Name of hospital or institution: 1st house on rt. in Dutchtown from Cape  
(d) Length of stay: In hospital or institution Not in either  
In this community Entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girard.  
(c) City or town Dutchtown  
(d) Street No. Same as 1(c)  
(e) Citizen of foreign country? No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12  
year 1948 hour 10 minute P M.

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

Immediate cause of death: Cerebral Hemorrhage  
Due to: Arterio-Sclerosis

Other conditions:  
Major findings:  
Of operations:  
Of autopsy:

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

While at work? (Specify type of place)  
23. Signature Dr. G. F. Sigmond  
Address Jackson Mo. Date signed 4/19/48

3. (a) PRINT FULL NAME Mary W. Amelunke  
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 Widowed  
6. (b) Name of husband or wife August Amelunke  
6. (c) Age of husband or wife if alive -- years  
7. Birth date of deceased Feb. 16, 1877

8. AGE: Years 71 Months 1 Days 26 If less than one day hr. min.

9. Birthplace Gordonville Mo.

10. Usual occupation retired housewife

MOTHER FATHER

11. Industry or business ---  
12. Name Benedict Walpswiller  
13. Birthplace Switzerland  
14. Maiden name Johannos Amelunke  
15. Birthplace Don't know

16. (a) Informant Albert Amelunke  
(b) Address Dutchtown  
17. (a) burial (b) Date thereof 4/15/48  
(c) Place: burial or cremation Zion Lutheran Cemetery

18. (a) Signature of funeral director [Signature]  
(b) Address Cape Girardeau Mo.  
19. (a) 4-13-1948 (b) C. E. Summers

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

16  
00

RECEIVED

Health Officer No. 4

Number 448-50

4-19-48

AUG 20 1950

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 *J. Larberg*

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.