

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**9079**

State File No. ....

No. 300  
10-4-FILED APR 6 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 94

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

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Cape Girardeau</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>	c. LENGTH OF STAY (In this place) <u>9 days</u>	a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Mo. Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township): <u>Cape Girardeau</u> <u>0164</u>	
		d. STREET ADDRESS (If rural, give location) <u>219 S Minnesota Ave.</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>Amelia</u>	b. (Middle)	c. (Last) <u>Sides</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>March 31, 1953</u>
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u> <u>2</u>	<b>8. DATE OF BIRTH</b> <u>August 21, 1882</u>	<b>9. AGE</b> (In years last birthday) <u>70</u>	<b>IF UNDER 1 YEAR</b> Month	<b>IF UNDER 4 HRS.</b> Hours	<b>IF UNDER 15 MIN.</b> Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own home</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Near Neelys Landing, Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>August Froemsdorf</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Magdalena Steinhoff</u>	<b>14. NAME OF HUSBAND OR WIFE</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Walter Kelp</u>	<b>ADDRESS</b> <u>Cape Girardeau, Mo.</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>4 days</u>  <u>10 yrs.</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Hypertensive Acute left heart failure</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardiovascular disease</u> DUE TO (c) <u>Squamous Carcinoma of urethra</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Had bilateral ureterostomy</u>		<u>quest hours on 3-24-53</u>	

<b>19a. DATE OF OPERATION</b> <u>3-24-53</u>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>181 X</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** Feb 25, 1953, to March 31, 1953, that I last saw the deceased alive on March 31, 1953, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>L. R. Seabough M.D.</u>	(Degree or title) <u>0</u>	<b>23b. ADDRESS</b> <u>801 A Broadway Cape Girardeau, Mo</u>	<b>23c. DATE SIGNED</b> <u>4-2-53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>April 3, 1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Our Redeemer Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis, Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>4-2-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>L. C. Summer</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>C. J. Jobing</u>	<b>ADDRESS</b> <u>Cape Girardeau, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

JUN 11 1956

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*C. J. Loberg*

Licensed Embalmer No. 3810

P. O. Address Chilmark, Massachusetts

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.