

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4230

State File No. ....

BIRTH NO. FILED MAR 8 1954 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 113

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br>Cape Girardeau  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br>Missouri |  | b. COUNTY<br>Cape Girardeau  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN<br>Cape Girardeau |  | c. CITY OR TOWN<br>Cape Girardeau  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| c. LENGTH OF STAY (In this place)<br>18 yrs   |  | e. STREET ADDRESS (If rural, give location)<br>2118 Bloomfield ST 1169   |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: 2118 Bloomfield ST                                       |  |  |  |  |  |

|  |  |                           |            |   |  |                                     |  |   |                                       |  |                                |   |                                |  |  |
|--|--|---------------------------|------------|---|--|-------------------------------------|--|---|---------------------------------------|--|--------------------------------|---|--------------------------------|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) EMMA  |  |                           | a. (First) |   |  | b. (Middle)                         |  |   | c. (Last)                             |  |                                | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>March 1, 1954 |                                |  |  |
| 5. SEX<br>Female   |  | 6. COLOR OR RACE<br>White |            | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Married |  | 8. DATE OF BIRTH<br>January 8, 1908 |  |   | 9. AGE (In years last birthday)<br>46 |  | IF UNDER 1 YEAR<br>Months<br>7 |   | IF UNDER 24 HRS.<br>Days<br>24 |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housewife |  |                           |            | 10b. KIND OF BUSINESS OR INDUSTRY<br>Own home                     |  |                                     |  | 11. BIRTHPLACE (City and State or Foreign Country)<br>Kelso, Missouri |                                       |  |                                | 12. CITIZEN OF WHAT COUNTRY?<br>U. S.                     |                                |  |  |

|  |  |  |   |  |  |   |  |  |                                |  |  |
|--|--|--|---|--|--|---|--|--|--------------------------------|--|--|
| 13a. FATHER'S NAME<br>Louis A. Burger  |  |  | 13b. MOTHER'S MAIDEN NAME<br>Catherine Heiserer |  |  | 14. NAME OF HUSBAND OR WIFE<br>Anton J. Ziegler       |  |  |                                |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No |  |  | 16. SOCIAL SECURITY NO.<br>498-24-3062          |  |  | 17. INFORMANT'S SIGNATURE OR NAME<br>Anton J. Ziegler |  |  | ADDRESS<br>Cape Girardeau, Mo. |  |  |

|   |  |   |  |  |  |  |  |   |  |
|---|--|---|--|--|--|--|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Artery Disease   |  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br>10 min.   |  |
|   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |  |  |  |   |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>Chr. Hypertension      |  |  |  |  |  | J. J. J.  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br>4201  |  |  |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)           |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?                      |  |

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1954, to March 1st 1954, that I last saw the deceased alive on March 1, 1954, and that death occurred at 4:27 p.m., from the causes and on the date stated above.

|   |  |  |  |  |  |   |  |
|---|--|--|--|--|--|---|--|
| 23a. SIGNATURE<br>William J. Oehler                 |  | (Degree or title) M.D.                 |  | 23b. ADDRESS<br>Cape Girardeau Mo.                       |  | 23c. DATE SIGNED<br>3-2-54  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial |  | 24b. DATE<br>March 4, 1954             |  | 24c. NAME OF CEMETERY OR CREMATORY<br>St. Marys Cemetery |  | 24d. LOCATION (City, town, or county) (State)<br>Cape Girardeau, Missouri |  |
| DATE REC'D BY LOCAL REG.<br>3-3-54                  |  | REGISTRAR'S SIGNATURE<br>C. C. Summers |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br>Walters Funeral Home |  | ADDRESS<br>Cape Gir.  |  |

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

APR 29 1955

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Vergil W. Kelch*.....

Licensed Embalmer No. *4102*.....

P. O. Address *Cape Stra*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.