JAN 22 1929

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

39708

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 125
Township " " Primary Registration District No. 3009
City " " (No. ..... St. ..... Ward)

File No. .....
Registered No. 1282

2. FULL NAME Francis Rudert

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: E G Rudert

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 3-1892

7. AGE: Years 34 | Months 2 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED: Wife
(a) Trade, profession, or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Egipt Mills Mo

PARENTS
10. NAME OF FATHER: Wm. Schotte
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Egipt mills mo
12. MAIDEN NAME OF MOTHER: Emelie Hannebrink
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Egipt mills Mo

14. INFORMANT: E G Rudert
(Address) Cape Girardeau Mo

15. FILED 12/18, 1928 C C Kaempfer, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 17 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1928, to Dec 17, 1928 that I last saw her alive on Dec 17, 1928, and that death occurred, on the date stated above, at 12 30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
1010
(duration) 0 yrs. 0 mos. 1 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) W A Schoen, M. D
12-18, 1928 (Address) Cape Girardeau Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Larmier Cemetery
DATE OF BURIAL: Dec 19 1928

20. UNDERTAKER: Lorberg F & R Co
ADDRESS: C. G. Gir. Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.