

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

Do not use this space.

8116

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township St. Louis Primary Registration District No. 13009
City Cape Girardeau (No. 50) St. Mc Hospital

File No. _____
Registered No. 57
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 423 North St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Koepfel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, of min. 51 . 1 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

13. NAME William Pett

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Anna Pavaud

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Mrs. C. W. Dawney

18. BURIAL, CREMATION, OR REMOVAL St. Peter's Chapel DATE March 4 1934

19. UNDERTAKER (ADDRESS) Cape Girardeau Mo

20. FILED 37 1934 100 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1 1934

22. I HEREBY CERTIFY, That I attended deceased from 9:27 1934 to 7:28 1934
I last saw her alive on 2/28 1934 Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Result of Hypertension
1837
99
Other contributory causes of importance
Arterio Sclerosis

Name of operation none Date of _____
What test confirmed diagnosis? autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) C. L. Schaub, M. D.
(Address) Cape Girardeau 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.

25 1934
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