

JUL 1 1935

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

Do not use this space.

15784

1. PLACE OF DEATH

16 County Cape Girardeau Registration District No. 959 3009  
Township \_\_\_\_\_ Primary Registration District No. 6063  
City Cape Girardeau (No. St. Francis Hospital)

File No. \_\_\_\_\_  
Registered No. 3  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Or #127 #1 Chapter Box 55 Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 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) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26 - 1928  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
6 10 10

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Child  
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) (STATE OR COUNTRY) New Hamburg Mo

13. NAME Leo G. Meng

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rehoboth Mo

15. MAIDEN NAME Emeline Whisnani

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hamburg Mo

17. INFORMANT Leo G. Meng (ADDRESS) Chapter Box 55

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Francis Hospital DATE May 7 1935

19. UNDERTAKER (ADDRESS) W. Sturba

20. FILED 5-6 1935 Cyrille Simboret Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1935  
22. I HEREBY CERTIFY, That I attended deceased from May 6 1935 to May 6 1935  
I last saw her alive on May 6 1935. Death is said to have occurred on the date stated above, at 6:25 a. m.

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

Hydrophobia

Date of onset 5-2-35

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? none 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) P. A. Ritter, M. D.  
(Address) Cape Girardeau, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

Country Cape Girardeau Registration District No. 125  
 Township \_\_\_\_\_ Primary Registration District No. 3009  
 City Cape Girardeau (No. St. Francis Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ernita Clara Meng  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ (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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or A. M. 6 10 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
 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) (STATE OR COUNTRY) New Hamburg Mo

13. NAME Leo J. Meng

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kelso Mo

15. MAIDEN NAME Emeline Whahn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hamburg Mo

17. INFORMANT Leo J. Meng (ADDRESS) Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Lawrence DATE May 7 1935

19. UNDERTAKER E. M. Stubbs (ADDRESS) Cape Girardeau Mo

20. FILED 9-18 1935 J. M. Thompson Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1935

22. I HEREBY CERTIFY, That I attended deceased from May 6 1935 to May 6 1935.  
 That saw her alive on May 6 1935. Death is said to have occurred on the date stated above, at 6:25 a. m.  
 The principal cause of death and related causes of importance were as follows:

Hydrophobia

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) R. P. Ritter 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.

SEP 17 1935

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