

NOV 19 1935

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

Do not use this space.

32091

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125 File No. _____
Township Primary Registration District No. 3009 Registered No. 300
City CAPE GIRARDEAU (No. St. Francis Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 541 S. Ellis St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. da. 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John A Will

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
69 11 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired House Keeper

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) Germany

13. NAME Robert Steinhauser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Fred Will
541 S. Ellis St

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmount DATE Oct 22, 1935

19. UNDERTAKER (ADDRESS) Loring P. & N. Co
Cape Girardeau Mo.

20. FILED 10/20, 1935 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 1:15 p.m.

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

Myocardial Infarction
Chc. Myocarditis
Chc. Myocarditis
Arterio-sclerotic Hypertension

Date of onset

Other contributory causes of importance

Name of operation None Date of _____

What test confirmed diagnosis? _____ 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 None

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

(Signed) C. J. Wilkey, M. D.

(Address) 630 Food Depot
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.

RECORDS—THIS IS A PERMANENT RECORD

