

N. S. - 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

Do not use this space.

4933

MAR 17 1936

1. PLACE OF DEATH
 County Cape Girardeau Registration District No. 125
 Township Cape Girardeau Primary Registration District No. 3099
 City Cape Girardeau (No. St. Francis Hospital) St. 60 Ward

2. FULL NAME Herman Loeffel
 (a) Residence, No. 501 Oak 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 17 - 1878</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>10</u>
	DAYS <u>1</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stone Mason + Contractor</u>	
	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) <u>Baden, Germany</u>		
FATHER	13. NAME <u>Gubersan</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	17. INFORMANT (ADDRESS) <u>Mrs. Minnie Loeffel, Cape Girardeau, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL <u>Memorial Park</u> DATE <u>Feb 21 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Binhoff, Howell, Frumel, Cape Girardeau, Mo.</u>		
20. FILED <u>2-18-36</u> <u>J. M. Longman</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1936
 22. I HEREBY CERTIFY, That I attended deceased from 10/15 1935 to 2/18 1936
 I last saw him alive on 2/18 1936 Death is said to have occurred on the date stated above, at 5:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy
 Date of onset
 Other contributory causes of importance:
Myocardial infarction
 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?
 If so, specify
 (Signed) H. B. Smith, M. D.
 (Address) Cape Girardeau, Mo.

FEB 1 1961