

MAY 19 1936 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

14364

1. PLACE OF DEATH

County CAPE GIRARDEAU

Registration District No. 125

Township Cape Gir

Primary Registration District No. 3009

City Cape Gir

(No. St. Francis Hospital)

File No. \_\_\_\_\_

Registered No. 110

St. \_\_\_\_\_

Ward) \_\_\_\_\_

2. FULL NAME

Mrs. Jamie Alheimer

(a) Residence, No. 620 S. Ellis

(Usual place of abode)

St. \_\_\_\_\_

Ward. \_\_\_\_\_

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. \_\_\_\_\_

(If nonresident, give city or town and State)

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

Mr. Joe Alheimer

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

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day, \_\_\_\_\_ hrs.

or \_\_\_\_\_ min.

68

7

19

OCCUPATION

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

House wife

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)

St. Louis Mo

FATHER

13. NAME

Christian Meder

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

MOTHER

15. MAIDEN NAME

Rozema Hearst

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

17. INFORMANT

(ADDRESS)

Joe Alheimer  
620 S. Ellis Cape Girardeau

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Louis Mo

DATE April 9, 1936

19. UNDERTAKER

(ADDRESS)

Board of Health  
1001 Girardeau St.

20. FILED

4-5

1936

J. M. Thompson

Registrar

MEDICAL CERTIFICATE OF DEATH

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

April 5<sup>th</sup>, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Aug 20<sup>th</sup>, 1935, to April 5<sup>th</sup>, 1936

I last saw him alive on April 5<sup>th</sup>, 1936 Death is said

to have occurred on the date stated above, at 10:30 p.m.

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

Myocardial Infarction

Date of onset

22m

ago

Other contributory causes of importance

Name of operation

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

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1936

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)

John St. Prov. T, M. D.

(Address)

16 N. Grand St.  
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.

