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

Do not use this space.

36953

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 125
Township ..... Primary Registration District No. 3069
City Cape Girardeau No. ..... St. Francis Hosp. St. ..... Ward)

File No. .....
Registered No. 345

2. FULL NAME Henry Frederick Ernst Sr.
(a) Residence, No. ..... St., ... Ward. Fornfelt, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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)~~ Anna Ernst

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24, 1879

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
57	1	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe cobbler
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) Effingham Co. Ill.

FATHER
13. NAME Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know germany

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Mrs Anna Ernst Fornfelt, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lightner cem. Illmo. Mo. DATE 10/8/ 1936

19. UNDERTAKER (ADDRESS) Bittinghoff & Husbard Illmo, Mo.

20. FILED 10-5 1936 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/5/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/4/36, 19..., to 10/5/36, 19...
I last saw him alive on 10/5/36, 19... Death is said to have occurred on the date stated above, at 6:00 p.m.
The principal cause of death and related causes of importance were as follows:

Spine Injury

Date of onset

Other contributory causes of importance:
Adynamic ileus

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 10/4/36 19...
Where did injury occur? Fornfelt Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Place
Manner of injury Spine injury
Nature of injury Automobile accident

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) A. E. Lee, M. D.
(Address) Illmo Mo

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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.

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

Do not use this space.

1. PLACE OF DEATH
County: Cape Girardeau — Registration District No.: 125 — File No.:
Township: — Primary Registration District No.: 3009 — Registered No.: 345
City: Cape Girardeau (No. , St. Ward)

2. FULL NAME: Henry Frederick Ernst Sr.
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): m

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

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

7. AGE — YEARS: 57 — MONTHS: 1 — DAYS: 11 — If LESS than 1 day, hrs. or min.

OCCUPATION
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 12-28 1936 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/5 1936

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

	Date of onset
Spine injury	
passenger of Car	

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? Acc. Date of injury 10-7, 1936
Where did injury occur? Sampsel Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury Auto Collision
Nature of injury Automobile accident

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. E. Lee, M. D.
(Address) Helena Mo

SUPPLEMENTARY

5-36953