

527 JAN 5 1938

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. 42624

Township St. Francis Hospital

Primary Registration District No. 3009

Registered No. 40

City Cape Girardeau Mo (No.) St. Ward)

2. FULL NAME

Louise Brickhaus

(a) Residence, No. St. Ward

Perryville, Mo.
(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 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 Fritz Brickhaus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 2 9

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. House Wife
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) Cape Girardeau Co Mo.

FATHER
13. NAME Conrod. Lobes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Co Mo.

MOTHER
15. MAIDEN NAME Mary Kaiser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Co. Mo.

17. INFORMANT Fritz Brickhaus (ADDRESS) Millheim Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Perryville Mo. DATE Dec. 28 1938

19. UNDERTAKER Young & Sons (ADDRESS) Perryville Mo

20. FILED 2-20-38 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25 19 38

22. I HEREBY CERTIFY, That I attended deceased from 12/20 1938 to 12/25 1938

I last saw her alive on 12/25 1938 Death is said to have occurred on the date stated above, at 9:00 a.m.

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

Dysentery Colerium (Hepatic Flexure) Date of onset 12/29/38

Other contributory causes of importance: Generalized abdominal melastasis

Bowel Obstruction

Name of operation Uplimentary Date of 1/20/38

What test confirmed diagnosis? Rec Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

Where did injury occur?

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) D. B. Elrod M. D. (Address) Cape Girardeau, Mo.

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.

Embalming By Edward C. Young

License No. 2138

Perryville Mo.