

DEC'D MAR 15 1939

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

6122  
Do not use this space.

## 1. PLACE OF DEATH

(a) County CAPE GIRARDEAU Registration District No. 125  
(b) Township 11 Primary Registration District No. 5178 Registered No. 5-8  
(c) City 11 (d) Street No. 11 St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

JOSEPH F FUERTH  
(a) Residence, No. RFD #1 CAPE GIRARDEAU MO. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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 EMMA L. FUERTH

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 4 - 1862

7. AGE YEARS 76 MONTHS 4 DAYS 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED FARMER  
9. Industry or business in which work was done, as 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) CAPE GIRARDEAU MO.13. NAME CHARLES FUERTH14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY15. MAIDEN NAME WALBIRGA STAUSS16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY17. INFORMANT DR. A. L. FUERTH (ADDRESS) CAPE GIRARDEAU MO.18. BURIAL, CREMATION, OR REMOVAL PLACE ST. MARY'S CEMETARY DATE FEB 16, 193919. FUNERAL DIRECTOR (NAME) LOEBBERG FURN. UND. (ADDRESS) CAPE GIRARDEAU MO. 12120. FILED 2-14-39 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 14, 193922. I HEREBY CERTIFY, That I attended deceased from 11-15, 1938, to 2/14, 1939I last saw h. alive on 2/14, 1939. Death is said to have occurred on the date stated above, at 6:00 m.

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

Ch. Valvular 121  
Coronary Disease  
Nephritis (Ch. Int)

Other contributory causes of importance: Nephritis (Ch. Int)

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) Ch. Fuertth, M. D.(Address) Cape Girardeau

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF ANATOMY

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*C. J. Torberg*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*C. J. Torberg*

Licensed Embalmer No. *38607*

P. O. Address. *Cape Girardeau*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**