

APR 10 1939

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

10363
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125
 (b) Township " Primary Registration District No. 3009
 (c) City Cape (d) Street No. 549 S Benton St Registered No. 98
 (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

(a) Residence, No. 549 S Benton St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Lillie Walters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14 - 1883

7. AGE YEARS 53 MONTHS 5 DAYS 23 If LESS than 1 day, hrs. or min.

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

FATHER 13. NAME Louis Walters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Lavinia Mester

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ballingin Mo

17. INFORMANT (ADDRESS) Lillie Walters Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lammie Cemetery DATE Mar 17, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Louis F & N Co Cape Girardeau Mo

20. FILED 3-11-39 J. M. Thompson Loc. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1939 to Mar 10, 1939.

I last saw him alive on Mar 10, 1939. Death is said to have occurred on the date stated above, at 3 P. m.

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

Chronic Nephritis Date of onset 12/1

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Rx 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

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) R. D. Murphy 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.

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. Lorberg

or by

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

Signed

C. J. Lorberg

Licensed Embalmer No.

38105

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.