

MAY 12 1938

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

14466
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 120
(b) Township Can. D Primary Registration District No. 3009 Registered No. 166
(c) City Can. D (d) Street No. St. Francis Hospital 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

(a) Residence, No. 160 Louise Weber
120 N. Henderson St. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED (husband of (OR) WIFE OF) Philip Weber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 6 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeper
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) New Mills Mo.

FATHER 13. NAME Louis Schuppen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannover Mo.

MOTHER 15. MAIDEN NAME Rosine Lehman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT (ADDRESS) Paul Weber
120 N. Henderson

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE April 29, 1938

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

20. FILED 4-27-1938 J. M. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-22, 1938, to 4-27, 1938

I last saw her alive on 4-27, 1938. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Myocarditis
Empyema of the gall bladder
with thrombus in the duct
abstraction

Date of onset
1-6-394-22-39

Other contributory causes of importance:
Chronic cholecystitis

1-1-35

Name of operation Drainage of gall bladder Date of 4-27-38

What test confirmed diagnosis? Microscopic 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) P. A. Ritter, M. D.
Cape Girardeau Mo. (Address)

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

License, Embalmer No. *3870*

P. O. Address *Cape Girardeau, Mo.*

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.