

RECD MAY 12 1939

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

14481  
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 Girardeau (d) Street No. \_\_\_\_\_ 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Christine Held

(a) Residence, No. \_\_\_\_\_ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1 - 1877  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 41 8 14  
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) Seatt Co Mo.

13. NAME John Sonder

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

15. MAIDEN NAME Emilie Bahnhart

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

17. INFORMANT (ADDRESS) Mrs George Schwab Cape Gir P.O. Box 384

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys cemetery DATE April 16, 1939

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

20. FILED 4-15-39 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-28, 1938, to 4-14, 1939

I last saw her alive on 4-14, 1939. Death is said to have occurred on the date stated above, at 3:50 p.m.  
The principal cause of death and related causes of importance were as follows:

Thyroid Toxicosis  
Hypertension due to toxic adenoma  
666

Date of onset 2-1-37

Other contributory causes of importance: Auricular fibrillation 12-3-38

Name of operation Lobectomy Date of 6-16-38

What test confirmed diagnosis? Basal 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 \_\_\_\_\_, 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? no  
If so, specify \_\_\_\_\_  
(Signed) P.A. Ritter, M. D.

(Address) Cape Girardeau, Mo

WRITE PAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

16  
14

**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, or by.....

*C. J. Lorberg*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. *38107*

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.**