

REC'D JUL 11 1939

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

21754
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau 2 Registration District No. 125
 (b) Township " " Primary Registration District No. 3069
 (c) City Cape Girardeau (d) Street No. 143 Registered No. 221
 (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

562 MARY ELIZABETH SIEMERS
 (a) Residence, No. 143 S. Henderson St. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF H. L. SIEMERS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 5 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. House Wife
 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) Dutchtown Mo.

FATHER 13. NAME Fred Eggimont
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 9

MOTHER 15. MAIDEN NAME Minnie Willie
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 9

17. INFORMANT (ADDRESS) H. L. Siemers

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE June 22, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Starberg Funeral Home
Cape Girardeau Mo.

20. FILED 6-21-39 J. M. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from 9-13, 1939, to 6-21, 1939

I last saw her alive on 6-21, 1939. Death is said to have occurred on the date stated above, at 8:30 am.

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

Cerebral Apoplexy Date of onset 6-10-39
Arterial Sclerosis
Hypertension

Other contributory causes of importance: Arterial Sclerosis 1-1-32
Hypertension 1-1-32

Name of operation None Date of
 What test confirmed diagnosis? Specimen 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? Yes
 If so, specify
 (Signed) P. G. Ritter M. D.
 (Address) Cape Girardeau, Mo.

WRITE PLAINLY, 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.

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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 _____

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

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.