

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14523

State File No.

Registrar's No.

Registration District No. 124

Primary Registration District No. 5178

134

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME LOUISE VOJES

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry Vojos 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 2 1873
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 1 If less than one day hr. _____ min. _____

9. Birthplace Germany (City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business

MOTHER: 12. Name Henry Sprunzel 13. Birthplace Germany
14. Maiden name Johanna Heber 15. Birthplace Germany
(City, town, or county) (State or foreign country) (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edwin Vojos
(b) Address Cape RFD 2 414140
17. (a) (Burial, cremation, or removal) (b) Date thereof 4/4/40
(Month) (Day) (Year)

18. (a) Signature of funeral director J. J. Thompson
(b) Address Jackson Mo
19. (a) 4-24-40 (b) J. J. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau R.F.D # 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1940 hour 8 minute 20 P. M.
21. I hereby certify that I attended the deceased from Jan
1939, to April 2, 1940
that I last saw her alive on March 15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 8 yrs

Due to _____
Due to AHN
Other conditions Relief Relieved 10 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy no
PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature J. J. Thompson (M. D. or other) _____
Address Jackson Mo Date signed 4-24-40
While at work? _____ (Specify type of place) (e) Means of injury _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

FORM 1 X 19311

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.....

BA Meyer

Licensed Embalmer No. 3051

P. O. Address Jackson M

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.