

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24816

State File No.

Registration District No. 124

Primary Registration District No. 3009

Registrar's No. 242

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU
 (b) City or town 7
 (c) Name of hospital or institution:
213 So Frederick
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME WILLIAM H GOLDMACHER

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife CAROLINE 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Oct 21 1866
 (Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 26 If less than one day _____ hr. ✓ min.

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

10. Usual occupation Shoe worker

11. Industry or business Int. Shoe Factory

12. Name Christen Beedmacher

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

14. Maiden name Wilhemina Raacke

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

16. (a) Informant's own signature Anna Bacon

(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof 7 19 40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FAIRMONT

18. (a) Signature of funeral director Bentley Howell

(b) Address Cape Girardeau, Mo.

19. (a) 7-17-40 (b) M. Thompson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Cape Girardeau
 (c) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL")
 (d) Street No. 213 So Frederick
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
 year 1940 hour 6 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him, alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Aneurysm Duration _____

Due to _____ 82W

Due to _____

Other conditions Hypostatic pneumonia
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature A. Smith (M. D. or other) MD
 Address Cape Girardeau Date signed 7/17/40

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.

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.