

Registration District No. 124 Primary Registration District No. 3009

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:  
1010 Jefferson St. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 26 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
(c) City or town Cape Girardeau 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1010 Jefferson St. 4  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

8. (a) PRINT FULL NAME Lola Berger  
8. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married divorced, married  
6. (b) Name of husband or wife Sherman Berger 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased (Month) January (Day) 4 (Year) 1874

8. AGE: Years 67 Months 3 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Galconda 1 Illinois (City, town, or county) (State or foreign country)

10. Usual occupation housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name W. J. Tazel  
13. Birthplace Galconda 1 Illinois (City, town, or county) (State or foreign country)  
14. Maiden name Margarete Flannery  
15. Birthplace Galconda 1 Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Sherman Berger  
(b) Address Cape Girardeau, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-1941 (Month) (Day) (Year)  
(c) Place: burial or cremation Ladysmith Cem.

18. (a) Signature of funeral director J. A. Flannery  
(b) Address Cape Girardeau, Mo.

19. (a) 4-10-41 (Date received local registrar) (b) Jim Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th year 1941 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 14, 1940 to April 8, 1941; that I last saw h. e. r. alive on April 8, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis with decompensation  
Due to arteriosclerosis and obesity  
Due to \_\_\_\_\_

Duration 5 mo  
7

Other conditions (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? \_\_\_\_\_

121 (Specify type of place) While at work? (e) Means of injury \_\_\_\_\_

23. Signature P. O. Ritter, M.D. (M. D. or other) \_\_\_\_\_  
Address Cape Girardeau Mo Date signed 4-10-41

**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 Howard R. Hasman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau

**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.