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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19726

State File No. 17429

FILED JUN 11 1947

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 183

1. PLACE OF DEATH:

(a) County Cape
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Frances Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 5 Days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 522 South Fredrick
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th
year 41 hour 9 minute 10 A.M.
21. I hereby certify that I attended the deceased from
Jan 1 1935 to May 10 1941
that I last saw her alive on May 10 1941
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Mary Louvina Biehle
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

Immediate cause of death Chronic myocarditis Duration 6 yrs

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joe Wm Biehle 6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased Sept. 27, 1875
(Month) (Day) (Year)

Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
67 7 13 hr. min.

Other conditions Hypertension 2470
(Include pregnancy within 3 months of death)

9. Birthplace Silver Lake, Mo.
(City, town, or county) (State or foreign country)

Major findings:
Of operations
Of autopsy
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Davall
13. Birthplace Don't Know (City, town, or county) (State or foreign country)
14. Maiden name Layton
15. Birthplace Silver Lake, Mo. (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Henry Biehle
(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof May 12, 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemt

18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau, Mo.

19. (a) 5-12-41 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

23. Signature George A. Ketchum (M. D. or other) _____
Address Cape Girardeau, Mo. Date signed 5/12/41

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

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

Carl Smith

Licensed Embalmer No.

2676

P. O. Address

Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.