To. 2 -13-40 17-39 X23159	DEPARTMENT OF COMMERCE MISSOURI STATE E BURBAU OF THE CENSUS STANDARD CERTII	** / * * / * * /
	Registration District No. 24 Primary Registration District	rict No. 3009 Registrar's No. 295
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD	1. PLACE OF DEATH: (a) County Cape Girardeau (b) City or town Cape Girardeau, Mo (If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution: St. Francis Hospital (If not in hospital or institution Hospital In this community. 5 Days years, months or days) 3. (a) PRINT FULL NAME Walter Alkemeyer 3. (b) If veteran, name war. 3. (c) Social Security NAME 100 NAM	2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County Perry (c) City or town Perryville Mo. (if outside city or town limits, write "RURAL") (d) Street No. (le) If foreign born, how long in U. S. A.? MEDICAL CERTIFICATION 20. DATE OF DEATH: Month Aug. year 1941 hour 4 minute 45 A M. 21. I hereby certify that I attended the deceased from
	5. Color or race. White divorced Married. 6. (a) Single widowed, married, divorced Married. 6. (b) Name of husband or wife. Stella Alkemeyer alive 29 years 7. Birth date of deceased March (Month) (Day) (Year) 8. AGE: Years Months Days If less than one day 34 4 14 hrmin.	that I last saw h 22 alive on 3/3 and that death occurred on the date and hour stated above. Immediate tause of death Due to the tale gangeenous Due to
		Other conditions. (Include pregnancy within 3 months of death) Major findings: Of operations Of putopsy. 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) (c) Means of injury 23. Signature Address Date accident.
	(Licensed Embalmer's St	tatement on Reverse Side)

SEP 24 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of t	his certificate	was	embalmed by m	e, or by
	•	-		

working under my personal supervision.

Registered Apprentice No.....

Licensed Embalmer No. 2/38

the above constitutes grounds for revocation of license.)

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