S. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1942

Registration District No. 125

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. ~~3009~~ 5178

State File No. 6170

Registrar's No. 70

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU

(b) City or town DUTCHTOWN MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DUTCHTOWN MO-Home P
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO (Specify whether
In this community ABOUT 60 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Dutchtown 16
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME WILLIAM PETE FEUERHAHN

3. (b) If veteran, name war NO.

3. (c) Social Security No. None

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of ~~husband or~~ wife CLARA FEUERHAHN

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased FEB-8 (Month) 1878 (Day) (Year)

8. AGE: Years 64 Months 0 Days 17 If less than one day ___ hr. ___ min.

9. Birthplace SCOTT CO. MO. (City, town, or county) (State or foreign country)

10. Usual occupation OPERATING THRASHING MACHINERY

11. Industry or business

FATHER
12. Name WILLIAN FEUERHAHN
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CARLION MICHEL
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. Feuerhahn
(b) Address Dutchtown Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof FEB 28-1942 (Month) (Day) (Year)
(c) Place: burial or cremation ZION LUTHERAN CEMETARY

18. (a) Signature of funeral director M. G. Lorberg
(b) Address Cape Girardeau Mo.

19. (a) 2-27-42 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 25 year 1942 hour 9 minute 40 P M.

21. I hereby certify that I attended the deceased from Jan 15, 1942, to Feb 25, 1942, that I last saw him alive on Feb 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. W. Kinsey (M. D. or other) DO

Address Cape Girardeau Mo. Date signed 2/27/42

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 342-364
Date Filed 2-16-42

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 —

Me —, Registered Apprentice No. —

working under my personal supervision.

Signed C. J. Lonberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, Mo.

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, fact should be so stated above.