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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 125 Primary Registration District No. 3009 Registrar's No. 48.

16
4

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

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town " "
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: South Cape Mo. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months (Specify whether
In this community 6 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau 16
(If outside city or town limits, write "RURAL")
(d) Street No. 1429 Lacy 4
(If rural, give location)
(e) Citizen of foreign country? — 0 (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME ELIZABETH LUPFER.
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joseph
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased March (Month) 4 (Day) 1868 (Year)

8. AGE: Years 73 Months 11 Days 0 If less than one day hr. min.

9. Birthplace Cape Girardeau, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Frederick Baume 4
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Caroline Gerlach
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. J. A. Fitschen
(b) Address Madison Wis.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation Louis M. Oak Grove
18. (a) Signature of funeral director J. Howell
(b) Address Cape Girardeau Mo
19. (a) 2-14-42 (Date received local registrar) (b) H. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4 year 1942 hour 6 minute 55 P/M.
21. I hereby certify that I attended the deceased from Dec 5 1941, to Feb 4th 1942 that I last saw her alive on Feb 4 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Hypertension	
Due to Advanced age	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 830	
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature O. L. Seabaugh (M. D. or other)
Address Cape Girardeau Mo Date signed 2-5-42

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 342-355
Date Filed 3-13-42

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Joe G Howell

Licensed Embalmer No. 3390

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.