S. No. 2
—9-4-41
. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Schulz

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6214

FILED MAR 5 1942

Registration District No. 125 — Primary Registration District No. 3009 — Registrar's No. 60.

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: 114 So. Benton, St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 41 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cape Girardeau
(c) City or town: Cape Girardeau (If outside city or town limits, write "RURAL")
(d) Street No.: 114 So. Benton, St. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Bernhard Rubel
3. (b) If veteran, name war:
3. (c) Social Security No. 489-12-6304

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Emma Brandies
6. (c) Age of husband or wife if alive: 56 years
7. Birth date of deceased: January (Month) 28 (Day) 1884 (Year)

8. AGE: Years 58 | Months 0 | Days 16 | If less than one day: hr. min.

9. Birthplace: Egypt Mills, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Carpenter and Cabinet Make
11. Industry or business:

FATHER
12. Name: Jake Rubel
13. Birthplace: Harva (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name: Louisa Deere
15. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Emma Rubel
(b) Address: Cape Girardeau, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 17 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: L. L. Hamen
(b) Address: Cape Girardeau, Mo.
19. (a) 2-17-42 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14 year 1942 hour 7 minute 50 A. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart collapse probably had a myocarditis. He	2
Due to: was dead when I arrived at his home.	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 95c4
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:

23. Signature: C. R. Schulz (M. D. or other)
Address: Cape Girardeau, Mo. Date signed 2/16/42

1014 (Licensed Embalmer's Statement on Reverse Side)

MAR 4 1942

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 Earl J. Smith

Licensed Embalmer No. 3676

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.