. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1942

13898

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

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

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

16
1
4

1. PLACE OF DEATH:
(a) County CAPE GIRARDEAU
(b) City or town CAPE GIRARDEAU City
(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, write street number or location)
(d) Length of stay: In hospital or institution 10 DAYS (Specify whether
In this community 52 Years 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. 721 MORGAN OAS
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SOPHIE M. BRUNKE
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife HENRY A. BRUNKE
6. (c) Age of husband or wife if alive years
7. Birth date of deceased APRIL 21 1867
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 1 If less than one day hr. min.

9. Birthplace Cape Girardeau County Oma
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSE KEEPER
11. Industry or business
FATHER 12. Name FREDERICK LAMPE
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
MOTHER 14. Maiden name KATHARINE GRADEN
15. Birthplace SWITZERLAND GERMANY
(City, town, or county) (State or foreign country)
16. (a) Informant W. H. Bodenschatz
(b) Address 721 Morgan Oak Cape
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 26
(Month) (Day) (Year)
(c) Place: burial or cremation LORIMIER CEMETARY
18. (a) Signature of funeral director McGarling
(b) Address Cape Girardeau Mo
19. (a) 4-24-42 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 22 - 1942
year 1942 hour 5 minute 20 P.M.
21. I hereby certify that I attended the deceased from March 14, 1941, to April 22, 1942
that I last saw her alive on April 22, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Cecum	1 yr.
Due to: Arterial Hypertension	2 yrs.
Due to: Acute Intestinal Obstruction	3 days.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of Cecum
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) NO
(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 (M. D. or other) MD
Address Cape Girardeau Mo Date signed 4/24/42

101Y (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District Number 542-690
Date 5-19-42

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 C. J. Lorberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, M

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.