V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

Registration District No. 53

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3010

State File No. 36833

Registrar's No. 323

16
0
0

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: Cape Girardeau / R.F.D. #2. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 64 yrs 9 mos 3 days. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau 16

(c) City or town Rural (If outside city or town limits, write "RURAL") 0

(d) Street No. R.F.D #2 (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME August Herman Ringwald

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

6. (a) Single, ~~widowed~~, ~~married~~, ~~divorced~~ Single 0

6. (b) Name of husband or wife .....

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

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

8. AGE: Years 64 Months 9 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Cape Girardeau (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farming

11. Industry or business .....

FATHER
12. Name William Ringwald
13. Birthplace Hanover (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Anna Rickle
15. Birthplace ..... (City, town, or county) Switzerland (State or foreign country) 5

16. (a) Informant Martin Ringwald

(b) Address Cape Girardeau R.F.D. #2.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-12-42 (Month) (Day) (Year)

(c) Place: burial or cremation Lorimier Cemt.

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Mo.

19. (a) 11-20-42 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11th year 1942 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov 6, 1942 to Nov 11, 1942 that I last saw him alive on Nov 10, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive Heart Disease	1 year
Due to Angina pectoris	5 days
Due to ✓	
Other conditions (Include pregnancy within 3 months of death) ✓	
Major findings: Of operations ✓	
Of autopsy ✓	

93d

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 H. V. Ashley (M. D. ~~or other~~)

Address Cape Girardeau Mo Date signed 11-11-42

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 3

District File Number 1242-1484

Date Filed 12-9-42

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 Howard L. Haman

Licensed Embalmer No. 4122

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.