S. No. 2
M—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 8 1943

Registration District No. 53

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6008

Primary Registration District No. 3010

Registrar's No. 64

16
4

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: 224 Good Hope 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: All her life - 63 yrs

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.: 224 Good Hope
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: ELLA TEICHMAN

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: Married

6. (b) Name of husband ~~or wife~~: Emil Teichman

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

7. Birth date of deceased: Feb (Month) 18 (Day) 1880 (Year)

8. AGE: Years 63 | Months 0 | Days 8 | If less than one day ..... hr. ..... min.

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

10. Usual occupation: Housewife

11. Industry or business: 0

FATHER
12. Name: Otto Friedrich
13. Birthplace: St Louis (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name: Augusta Bahnsack
15. Birthplace: Wittelburg (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant: Emil Teichman
(b) Address: Cape Girardeau Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 1 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Lorimer Cemetery

18. (a) Signature of funeral director: Lutz and Lemme Home
(b) Address: Cape Girardeau Mo

19. (a) 3-1-43 (Date received local registrar) (b) H. V. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1943 hour 4 minute 7 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.

Immediate cause of death ..... Duration

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 164

Major findings:
Of operations .....
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): Suicide
(b) Date of occurrence: Feb-26-1943
(c) Where did injury occur? Cape Girardeau (City or town) Cape (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? ..... (e) Means of injury: .....

23. Signature: Gust Schnug acting Coroner (M.D. or other)
Address: Cape Girardeau Mo. Date signed: Feb 27-1943.

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 343-1913
Date Filed 3-8-43

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 Lyman Steele

Licensed Embalmer No. 2476

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.