

S. No. 2
M-5-42
5-17-39
1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21022**

FILED JUL 9 1943

Registration District No. **23**

Primary Registration District No. **5185**

Registrar's No. **189**

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

1. PLACE OF DEATH:
 (a) County **Cape Girardeau**
 (b) City or town **Missouri**
 (c) Name of hospital or institution:
At Home / Route 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. **74 Years** (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME **ELIZABETH WEISS**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **June** day **17**
 year **1943** hour **12** minute **30** P.M.

4. Sex **Female** / race **White** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced, **Widowed**
 6. (b) Name of husband or wife **Erich** 6. (c) Age of husband or wife if alive **27** years
 7. Birth date of deceased **Dec 27 1868**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 1** 1943 to **June 17** 1943
 that I last saw her alive on **June 17** 1943
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Valvular Heart disease 2 yrs**

8. AGE: Years Months Days If less than one day
74 6 20 hr. min.

Due to **92d**
 Due to
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations
 Of autopsy **no**

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Phillip Frank**

13. Birthplace **Germany** 4
 (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **"** 9
 (City, town, or county) (State or foreign country)

16. (a) Informant **Roy Weiss**

(b) Address **Cape Girardeau Mo**

17. (a) **Burial** (b) Date thereof **6-19-43**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hanover Cemetery**

18. (a) Signature of funeral director **[Signature]**

(b) Address **Cape Girardeau Mo**

19. (a) **6-23-43** (b) **[Signature]**
 (Date received local registrar) (Registrar's signature)

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?
 While at work? (Specify type of place) (e) Means of injury
 23. Signature **[Signature]** (M.D. or other)
 Address **Cape Girardeau Mo** Date signed **6-21-43**

1017

RECEIVED

District Health Officer No. 4

District File Number 743-24

Date Filed 7-7-4

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 Willard H. Estes

Licensed Embalmer No. 3568

P. O. Address Chap. Guadalupe

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.