

ED AUG 7 1943

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 233

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:
Southern Mo Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 20 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Gir
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 121 N. Spanish St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME IDA LOOS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Herman Loos 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased DEC 17 1878
(Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days 3 If less than one day hr. _____ min. _____

9. Birthplace St Louis MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William Oldenboemer
13. Birthplace St Louis MO
(City, town, or county) (State or foreign country)
14. Maiden name Clara Fleuer
15. Birthplace St Louis MO
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Logan
(b) Address Cape Girardeau MO

17. (a) Burial (b) Date thereof July 22 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funerary Home

18. (a) Signature of funeral director George H. ...
(b) Address Cape Girardeau MO

19. (a) 7-24-43 (b) F. W. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th
year 1943 hour 12:00 minute P. M.

21. I hereby certify that I attended the deceased from March 1943
19 to 7/19/43, 19____
that I last saw her alive on 7/19/43, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the uterus
Due to _____
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations None
Of autopsy No

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)
(c) Means of injury _____

23. Signature O. L. Sestany (M. D. or other) _____
Address Cape Girardeau, Mo. Date signed 7/22/43

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

16
4

1014

RECEIVED

District Health Officer No. 4

District File Number 843-25

Date Filed 8-6-43

AUG 11 1943

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.