S. No. 2
—9-4-41
5-17-39
I X29-

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24618

FILED AUG 11 19[illegible]

Registration District No. 53 — Primary Registration District No. 3010 — Registrar's No. 224

16
1
4

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

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU

(b) City or town " "
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: SOUTHEAST MoD HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community 52 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CAPE GIRARDEAU 16 1 4

(c) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL")

(d) Street No. 321 SOUTH PACAFIC
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓ 0

3. (a) PRINT FULL NAME IRMA E VOGEL

3. (b) If veteran, name war NO

3. (c) Social Security No. No

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

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

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

7. Birth date of deceased OCT (Month) 6 (Day) 1889 (Year)

8. AGE: Years 53 Months 9 Days 5 If less than one day ___ hr. ___ min.

9. Birthplace CAPE GIRARDEAU (City, town, or county) MoD (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name AUGUST WALDMANN
13. Birthplace CAPE GIRARDEAU MoD (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name FREIDERIKA KOLLAR
15. Birthplace CAPE GIRARDEAU MoD (City, town, or county) (State or foreign country)

16. (a) Informant ARTHUR A VOGEL
(b) Address CAPE GIRARDEAU MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-14-43 (Month) (Day) (Year)
(c) Place: burial or cremation LORIMIER

18. (a) Signature of funeral director Joe D Howell
(b) Address CAPE GIRARDEAU MO

19. (a) 7-16-43 (Date received local registrar) (b) F. A. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 11 year 1943 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from 7-8 1942 to 7-11 1943 that I last saw her alive on 7-11 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral apoplexy	1 week
Due to Hypertension	1 year
Due to	
Other conditions (Include pregnancy within 3 months of death)	

83a

Major findings:
Of operations none done
Of autopsy no 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)
(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 R. G. Ritter, M.D. (M. D. or other)
Address CAPE GIRARDEAU MO Date signed 7-11-43

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 843 - 2566

Date Filed 8-10-43

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 W. H. Easter

Licensed Embalmer No. 3158

P. O. Address Cape Girardeau

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.