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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1943

Registration District No. 33

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3010

State File No. 31367

Registrar's No. 296

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: St. Francis C
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether

In this community 10 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger 9

(c) City or town Rural 9
(If outside city or town limits, write "RURAL")

(d) Street No. Near Glennon
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Celia M. Schonhoff

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Clemens Augustus Schonhoff

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

7. Birth date of deceased May 26, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	3	18	hr. min.

9. Birthplace Cape Girardeau Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Reiker
13. Birthplace — Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine
15. Birthplace — Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Albert Martin

(b) Address Glennon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 15, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's Cem. near Advance Mo

18. (a) Signature of funeral director Lloyd S. Morgan

(b) Address Advance Mo

19. (a) 9-27-43 (Date received local registrar) (b) 4 H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14
year 1943 hour 1 minute 6 A. M.

21. I hereby certify that I attended the deceased from 9/4, 1943, to 9/14, 1943;
that I last saw her alive on 9/13, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to

Due to

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

Major findings:
Of operations 93 x
Of autopsy

Duration

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 [signature] (M. D. or other)

Address Cape Girardeau Mo Date signed 9/25/43

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1043-2808

Date Filed 10-6-43

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 Floyd S. Morgan, Registered Apprentice No. ..... working under my personal supervision.

Signed Floyd S. Morgan

Licensed Embalmer No. 3261

P. O. Address Advance

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.