

FILED NOV 10 1943

State File No. ....

Registration District No. 3

Primary Registration District No. 3010

Registrar's No. 337

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 Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 days (Specify whether  
 In this community 72 years (Specify whether  
 years, months or days)

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. 839 Morgan Oak Street  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Pauline W. Feldhoff

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, Widowed  
 6. (b) Name of husband or wife Rudolph Feldhoff 6. (c) Age of husband or wife if alive — years  
 7. Birth date of deceased March 21st 1871  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 7 5 hr. min.

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

10. Usual occupation Domestic Housework

11. Industry or business

MOTHER FATHER { 12. Name Frederick H. Ruesskamp  
 13. Birthplace Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Maria Wittenberg  
 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant Albert Feldhoff

(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof 10-03-1943  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lorimier Cemetary

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Mo.

19. (a) 11-5-43 (b) J. W. Phelps  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31st  
 year 1943 hour 12 minute 55 A.M.

21. I hereby certify that I attended the deceased from 10-27 to 10-31 1943  
 that I last saw her alive on 10/31 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Vascular Disease

Due to Nephritis

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

Major findings:  
 Of operations .....  
 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?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. W. Phelps (M. D. or other) MD  
 Address Cape Girardeau Date signed 11/2/43

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

RECEIVED

District Health Officer No. ....

District File Number 1143

Date Filed 11-8-

RECORDED & INDEXED

MISSOURI DEPARTMENT OF HEALTH

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 Howard P. Hansen

Licensed Embalmer No. 4122

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. *2017*

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County *Cape Girardeau*  
 (b) City or town *Cape*  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
*St. Francis Hosp.*  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution *2 da.* (Specify whether  
 In this community *72 y/.* years, months or days)

3. (a) PRINT FULL NAME *Pauline W. Feldhoff*  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex *F* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *W*  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased *Nov. 21* (Month) (Day) (Year)

8. AGE: Years *72* Months *7* Days *5* (If less than one day, \_\_\_\_\_ min.)

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

FATHER {  
MOTHER {

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (Burial, cremation, or removal) (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (Date received local registrar) (b) \_\_\_\_\_ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *October* day \_\_\_\_\_ year *1943* hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ after on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death *Ch. Vascular disease, respiratory, Ch. Cholecystitis* Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

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) \_\_\_\_\_  
 (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 *W. D. Smith* (M. D. or other) \_\_\_\_\_  
 Address *Cape Girardeau, Mo.* Date signed *11/27/43*

SUPPLEMENTARY

34370