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No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 366.

FILED DEC 10 1943

Registration District No. 25943 Primary Registration District No. 3010

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

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 Hours
(Specify whether years, months or days)

In this community 73 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape 016

(c) City or town Cape Girardeau Mo 1
(If outside city or town limits, write "RURAL") 4

(d) Street No. I4 So Ellis
(If rural, give location)

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

3. (a) PRINT FULL NAME Amilie Almstead

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female 5. Color or race White 0

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct 14 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months I Days 6
If less than one day _____ hr. _____ min.

9. Birthplace Cape Girardeau Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Almstead

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

14. Maiden name Johanna Straus

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

16. (a) Informant Robt. Vogelsang

(b) Address Cape Girardeau Mo

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

(c) Place: burial or cremation Premier Cem.

18. (a) Signature of funeral director J. H. Howell
(b) Address Cape Girardeau Mo

19. (a) 11-29-43 (b) J. H. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20
year 1943 hour 3 minute 0 P. M.

21. I hereby certify that I attended the deceased from Nov. 19 1943 to Nov. 20 1943
that I last saw her alive on Nov 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration 2 days

Due to Arterial occlusion and hypertension ?

Due to _____

Other conditions (include pregnancy within 3 months of death) gza!

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)

(e) Means of injury _____

23. Signature P. Q. Ritter, M.D. (M. D. or other) _____
Address Cape Girardeau Mo Date signed 11-20-43

FEB 5 1945

RECEIVED

District Health Officer No. 4
District File Number 243-3052
Date Filed 2-8-43

FEB 10 1945

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. Estes.....

Licensed Embalmer No. 3568

P. O. Address Capt. Geo W. W.

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.