

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3783C

State File No.

Registrar's No. 355.

Registration District No. 53

Primary Registration District No. 3010

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 6 Days
In this community 2 year 5 mo. 24 days
years, months or days

3. (a) PRINT FULL NAME

Michael Wayne Amrhein

3. (b) If veteran,

name was NONE

3. (c) Social Security

No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married. 0 divorced SINGLE

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if

alive ✓ years

7. Birth date of deceased May 25 1941
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

2

5

24

hr. min.

9. Birthplace Cape Girardeau

(City, town, or county)

(State or foreign country)

10. Usual occupation child

11. Industry or business

12. Name Joseph A. Amrhein

13. Birthplace Chaffee Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Camille Kern

15. Birthplace New Hamburg Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant John Amrhein

(b) Address Cape Girardeau

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

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director J. H. Phelps

(b) Address Cape Girardeau

19. (a) 11-20-43 (b) J. H. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CAPE GIRARDEAU
(c) City or town CAPE GIRARDEAU 016
(If outside city or town limits, write "RURAL")
(d) Street No. 540 S. Sprigg 1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 19
year 1943 hour 7 minute 50 P. M.

21. I hereby certify that I attended the deceased from 9-15 1943 to 11-19 1943
that I last saw him alive on 11-19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Pneumonia

Due to 2

Due to 2

Other conditions
(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. H. Phelps (M. D. or other) MD
Address Cape Girardeau Date signed 11/20/43

(Licensed Embalmer's Statement on Reverse Side)

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

1014

MD

11/23

RECEIVED

District Health Officer No. 4

District File Number 1243-30

Date Filed 12-8-43

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.....

working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

..... Licensed Embalmer No. 3810

..... 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.