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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41869

FILED JAN 10 1944

Registration District No. 55

Primary Registration District No. 5185

Registrar's No. 396

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: Perryville Rd. (Rural) 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau 16

(c) City or town Cape Girardeau 0
(If outside city or town limits, write "RURAL")

(d) Street No. Perryville Road 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Cecelia H. Niemann

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 Married

6. (b) Name of husband or wife Herman C.

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

7. Birth date of deceased Oct - 4 - 1876
(Month) (Day) (Year)

8. AGE: Years 67 | Months 2 | Days 0 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Frank Krieger
13. Birthplace Cape Girardeau 0 Mo
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Pauline Freese
15. Birthplace Cape Girardeau Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Herman C. Niemann
(b) Address Cape Girardeau Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 15-1943
(Month) (Day) (Year)
(c) Place: burial or cremation St Marys Cem.

18. (a) Signature of funeral director Walther Hud Co
(b) Address Cape Girardeau Mo

19. (a) 12-15-43 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12th
year 1943 hour 11-13 PM minute ..... M.

21. I hereby certify that I attended the deceased from Dec 2nd, 1943, to Dec 12th, 1943
that I last saw her alive on Dec 12, 11-13 PM 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Block	
Due to Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93 ✓

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 W. H. Wescoat (M.D. or other)
Address Cape Girardeau Mo Date signed 12-13-43

1014

(Licensed Embalmer's Statement on Reverse Side)

IVED

ct Health Officer No. 4

ict File Number 144-316

ate Filed 1-7-44

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 Virgil K. Nelch

Licensed Embalmer No. 4102

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.