

FILED MAY 10 1944

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 128

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 5 hours
(Specify whether
In this community 4 years 7 months 1 day
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. 312 Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0 7

3. (a) PRINT FULL NAME Charles Robert Gluckhertz

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 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 September 4th 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 7 1 hr. min.

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

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER { 12. Name Harry Gluckhertz

13. Birthplace Cape Gir. Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lillian Lamar

15. Birthplace Scott Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. & Mrs. Harry Gluckhertz

(b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 4-07-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lorimier Cemetery

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

(b) Address Cape Girardeau, Missouri

19. (a) 4-8-44 (b) H. St. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th
year 1944 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from April 4th, 1944 to April 5, 1944;
that I last saw him alive on April 4, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis lethargica Duration 2 da

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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 [Signature] (M. D. or other) M. D.

Address 131 N. 7th St. Cape Girardeau Mo. Date signed 4-7-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

16
1
4

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RECEIVED

District Health Officer No. 4
District File Number 544-377
Date Filed 5-8-44

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 Howard S. Skinner

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.