

FILED JUL 8 1944

State File No. _____

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 214.

1. PLACE OF DEATH

(a) County Cape Girardeau
(b) City or town _____
(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 Life
In this community Life
years, months or days _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau 16
(If outside city or town limits, write "RURAL")
(d) Street No. Missouri 4
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Infant Son of Mr. Mrs. J. B. Scharma horn.

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month June day 30
year 1944 hour 8 minute 1 M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced D.O.
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: June 30 - 1944
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4 P.M. June 30, 1944 to 8 P.M. June 30, 1944, that I last saw him alive on 5:30 P.M. June 30, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Asphyxia Duration 4 1/2 hrs.

8. AGE: Years _____ Months _____ Days _____ If less than one day 4 1/2 hr. _____ min.

Due to Cerebral hemorrhage

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

Due to _____

10. Usual occupation _____

Other conditions: Chemiauria
(Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: 159

12. Name: J. B. Scharma horn

Of operations _____

13. Birthplace: Curitiba, Parana, Brazil
(City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name: Martha Regina

15. Birthplace: Parana, Brazil
(City, town, or county) (State or foreign country)

16. (a) Informant: J. B. Scharma horn

(b) Address: Cape Girardeau Mo

17. (a) Burial (b) Date thereof: 1-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Summer Cem.

18. (a) Signature of funeral director: J. H. Howell

(b) Address: Cape Girardeau Mo

19. (a) 7-1-44 (b) H. H. Phelps
(Date received local registrar) (Registrar's signature)

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: Thomas J. Jones M.D. (M. D. or other)

Address: 3050rd Hope Cape Girardeau Mo Date signed: 7-1-44

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

2
13
39

101K

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 744-406
Date Filed 7-7-44

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.