DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21277

Registration District No. 53 — Primary Registration District No. 3010 — Registrar's No. 192

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 2½ hrs. (Specify whether

In this community 2½ hours. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Gordonville - Rural 16 (If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #1 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME CECILIA MARY, SCHULTE

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband ~~or wife~~ EDWARD SCHULTE

6. (c) Age of husband ~~or wife if~~ alive 45 years

7. Birth date of deceased NOV (Month) 24 (Day) 1903 (Year)

8. AGE: Years 40 | Months 6 | Days 21 | If less than one day ___ hr. ___ min.

9. Birthplace CAPE GIRARDEAU (City, town, or county) MO (State or foreign country) 0

10. Usual occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name JOE SCHWARTZ
13. Birthplace EDGERTON (City, town, or county) Ohio (State or foreign country) 1

MOTHER
14. Maiden name ELIZEBETH SCHAEFER
15. Birthplace DUTCHTOWN (City, town, or county) MO (State or foreign country) 0

16. (a) Informant Edward Schulte

(b) Address Gordonville Mo.

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

(c) Place: burial or cremation ST. EDWARD CEMETARY DUTCHTOWN MO

18. (a) Signature of funeral director M G Lorberg

(b) Address Cape Girardeau, Mo.

19. (a) 6-16-44 (Date received local registrar) (b) F. K. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1944 hour 5 minute 10 A.M.

21. I hereby certify that I attended the deceased from 1-13, 1938, to 6-14, 1944, that I last saw her alive on 6-7, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: myocarditis with decompensation	6 yrs
Due to: mitral stenosis	6 yrs
Due to: 93d	
Other conditions: Fibroid tumor of uterus (Include pregnancy within 3 months of death)	?

Major findings: Of operations No operation

Of autopsy No 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. G. Ritter, M.D. (M. D. or other)

Address Cape Girardeau Mo Date signed 6-15-44

1017

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1944-404-3

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 C. J. Lorberg

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.