

FILED SEP 8 1944

Registration District No. 53

Primary Registration District No. 3010

Registrar's No.

267

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau Mo.
(c) Name of hospital or institution: St. Francis Hospital
(d) Length of stay: In hospital or institution 2 Months 12 Days
In this community 2 Months 12 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
(c) City or town Uniontown
(d) Street No. 1
(e) Citizen of foreign country? no
If yes, name country 1

3. (a) PRINT FULL NAME Carolyn J. Hoeh

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, Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 2 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 12 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Rudolph Hoeh
13. Birthplace Union Town Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Alpha Ludwig
15. Birthplace Cape Girardeau Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Rudolph Hoeh
(b) Address Uniontown Mo.

17. (a) Burial (b) Date thereof 8-16-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union town Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) 8-18-44 (b) H. W. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14
year 1944 hour 6 minute 15 P.

21. I hereby certify that I attended the deceased from June 2 1944 to 8-14 1944
that I last saw her alive on 8-13 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to 1 Congenital heart disease

Due to 2 Prematurity

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 1572
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? _____
(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 Chas. M. Ester (M. D. or other) Phys
Address Uniontown Mo. Date signed 8-16-44

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

MOTHER FATHER

16
1
4

RECEIVED

District Health Officer No. 4

District File Number 944-4283

Date Filed 9-7-44

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed Cornell Young

Licensed Embalmer No. 2138

P. O. Address Cornell Young

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.