. No. 2
—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 11 1945

Registration District No. 53

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9341

Primary Registration District No. 3010

Registrar's No. 83

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: 433 S. ELLIS ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 35 years

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. 433 S. SPRIGG 1
(If rural, give location) 4
(e) Citizen of foreign country? NO. D (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Schlegel

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex MALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife PAULINE SCHLEGEL

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

7. Birth date of deceased Sept (Month) 11 (Day) 1857 (Year)

8. AGE: Years 87 Months 6 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace Batesville (City, town, or county) Ind. 1 (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business

FATHER
12. Name Frederick Schlegel
13. Birthplace Don't Know 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Stricher
15. Birthplace Don't Know 4 (City, town, or county) (State or foreign country)

16. (a) Informant Martin Schlegel
(b) Address Cape Girardeau, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 20, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation FAIRMOUNT CEMETERY

18. (a) Signature of funeral director M S Farberg
(b) Address Cape Girardeau Mo.

19. (a) 3-19-45 (Date received local registrar) (b) F. V. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 18 year 1945 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from May 28, 1941, to March 18, 1945; that I last saw h. l. m. alive on 3-14, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arterial sclerosis with gangrene of foot	1 yr
Due to: Arterial Sclerosis	?
Due to:	
Other conditions (Include pregnancy within 3 months of death): no	

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 P. G. Ritter, M. D. (M. D. or other)
Address Cape Girardeau Mo. Date signed 3-14-45

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 445-467

Date Filed 4-9-45

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.