S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13064

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 130

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: 1742 Franklin Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community all Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape 11

(c) City or town Cape Girardeau Mo 1 (If outside city or town limits, write "RURAL")

(d) Street No. 1742 Franklin Ave (If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Rebecca Ann Van Gilder

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race w

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

6. (b) Name of husband or wife William (Deceased)

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

7. Birth date of deceased Feb (Month) 3 (Day) — 1861 (Year)

8. AGE: Years 84 Months 2 Days 25 If less than one day hr. min.

9. Birthplace Cape Girardeau (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Elbert Graves
13. Birthplace Cape Girardeau Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rebecca Masterson
15. Birthplace Cape Girardeau Mo (City, town, or county) (State or foreign country)

16. (a) Informant Nora Heuschaber

(b) Address Cape Girardeau Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-45 (Month) (Day) (Year)

(c) Place: burial or cremation Fairmount Cemetery

18. (a) Signature of funeral director Joe G. Howell

(b) Address Cape Girardeau Mo

19. (a) 5-5-45 (Date received local registrar) (b) F. A. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1945 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from April 3, 1945, to April 28, 1945; that I last saw her alive on April 28, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	3 hrs
Due to Myocarditis and arterial sclerosis	?
Due to	
Other conditions no (Include pregnancy within 3 months of death)	

94

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 5-4-45

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 545-601

Date Filed 5-7-45

Rebbe

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.