

S. No. 2
M-8-43
V. 5-17-39
I X37823

23661

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 13 1945
Registration District No.

Primary Registration District No. 3010

Registrar's No. 205

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hrs (Specify whether years, months or days)

In this community 3 hrs

2. USUAL RESIDENCE OF DECEASED: mother's address

(a) State Mo. (b) County Boyle 999

(c) City or town Danville 15
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 2

If yes, name country _____

3. (a) PRINT FULL NAME Infant Daughter Schluce

3. (b) If veteran, name war 2 Mrs. Mrs. Harry Schluce

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th year 1945 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 5th 1945 that I last saw her alive on July 5th 1945 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W

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

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

7. Birth date of deceased July 5 - 1945
(Month) (Day) (Year)

Immediate cause of death Prematurity

Due to 6 month gestation

Due to _____

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years _____ Months _____ Days _____ If less than one day 3 hr. min.

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

10. Usual occupation _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Harry Schluce

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

14. Maiden name Esther Harrell

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

16. (a) Informant Harry Schluce

(b) Address Cape Girardeau Mo.

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

(c) Place: burial or cremation St. Mary's Cemetery

18. (c) Signature of funeral director Chas. G. Phillips

(b) Address Cape Girardeau Mo.

19. (a) 7-10-45 (b) Chas. G. Phillips
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(c) 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 R. G. P. [unclear] (M. D. or other) _____

Address Cape Girardeau, Mo. Date signed 7-9-45

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

6
7
4

1014

(Licensed Embalmer's Statement on Reverse Side)

Cape Girardeau, Mo.

RECEIVED
District Health Officer No. 4
District File Number 845-974
Date Filed 8-10-45

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.....

Licensed Embalmer No.....

P. O. Address.....

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.