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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 33388

FILED OCT 24 1945

Registration District No. 33

Primary Registration District No. 3010

Registrar's No. 315

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

(d) Length of stay: In hospital or institution 2½ days (Specify whether

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Scott 100

(c) City or town Chaffee Rl- Burak (If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Mary Margrabe

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles Margrabe

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

7. Birth date of deceased Jan (Month) 20 (Day) 1861 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 84 | 8 | 12 | hr. min. |

9. Birthplace Hanover (City, town, or county) Germany (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

FATHER
12. Name Henry Deiters
13. Birthplace — (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Dora Brunes
15. Birthplace — (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs Lizzie Margrabe

(b) Address Marley, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-45 (Month) (Day) (Year)

(c) Place: burial or cremation Union Park Chaffee Mo

18. (a) Signature of funeral director Bisplinghoff Funeral Home

(b) Address Chaffee Mo.

19. (a) 10-3-45 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 10/2 day year 45 hour 11 minute 30 P M.

21. I hereby certify that I attended the deceased from 30, 1945 to 10/1, 1945 that I last saw her alive on 10/2, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction Intestinal

Due to Ventral Hernia No Post Operative

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
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? (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 [signature] (M. D. or other)

Address Cape Girardeau Mo. Date signed 10/3/45

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 1045-1221
Date Filed 10-23-45

## 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 Mamie Bieplinghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.**