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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33403

Registration District No. 53. Primary Registration District No. 3010. Registrar's No. 319.

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

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 18 days (Specify whether

In this community 18 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100

(c) City or town Chaffee (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 Robert Albert Schwach

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

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 Sep (Month) 17 (Day) 1945 (Year)

8. AGE: Years — Months — Days 18 If less than one day hr. min.

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

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Albert R. Schwach
13. Birthplace Gordonville (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Mary Vetter
15. Birthplace Bell City (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mr Albert Schwach

(b) Address Chaffee, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-6-45 (Month) (Day) (Year)

(c) Place: burial or cremation St. Edwards Dutchtown Mo

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

(b) Address Chaffee Mo

19. (a) 10-8-45 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 5 year 1945 hour 11 minute 05 A. M.

21. I hereby certify that I attended the deceased from 9/26, 1945, to 10/5, 1945; that I last saw him alive on 10/5, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ileo colitis	2 wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) ✓	
Major findings: Of operations 1 GW	
Of 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 J. H. Cochran (M. D. ~~another~~)

Address Cape Girardeau Mo Date signed 10/6/45

(Licensed Embalmer's Statement on Reverse Side)

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Co. Health Officer No. 4

District File Number 1045-1224

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 not embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Maurice 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.