S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36846

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 395

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Southeast Mo Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether

In this community 38 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

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

(d) Street No. 612 South Spring (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Freida C Werner

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 Married

6. (b) Name of husband or wife Alvin

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Aug (Month) 12 (Day) 1906 (Year)

8. AGE: Years 39 Months 3 Days 16 If less than one day hr. min.

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

10. Usual occupation —

11. Industry or business —

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

MOTHER
14. Maiden name Anna Kriegel
15. Birthplace Fornfelt Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Alvin Werner
(b) Address Cape Girardeau Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30-45 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Joe B Howell
(b) Address Cape Girardeau Mo

19. (a) 12-5-1945 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28 year 1945 hour 06 minute 25 P.M.

21. I hereby certify that I attended the deceased from August 6, 1945, to November 28, 1945; that I last saw her alive on November 28, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma - Primary Ovary & Gen. Metastasis	5 Mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

4 90

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 D. B. Elrod M.D. (M. D. ~~or other~~)

Address Cape Girardeau Date signed 12-4-45

1509 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Licensed Health Officer No. 4
Birth File Number 1245-1421
Date Filed 12-10-45

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 W. H. Eastes

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.