. No. 2
M—2-43
5-17-39
I X35697

3866

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4844

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 48

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 4 Weeks (Specify whether

In this community years, months or days) 75 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau 16

(c) City or town Jackson 2 (If outside city or town limits, write "RURAL")

(d) Street No. 208 Florence 1 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Charles Herman Wolters

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Frieda Wolters

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Nov. (Month) 27 (Day) 1872 (Year)

8. AGE: Years 73 Months 2 Days 8 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired Merchant

11. Industry or business Feed, Seed, & Harness

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

MOTHER
14. Maiden name Katherine Steck
15. Birthplace Cape Girardeau, MO. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frieda K. Wolter

(b) Address Jackson, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2, 7, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Jackson City Cemetery

18. (a) Signature of funeral director C. J. Lorber

(b) Address Cape Girardeau, Mo.

19. (a) 2-7-1946 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4 year 1946 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from March 1, 1945, to Feb 5, 1946 that I last saw him alive on Feb 5, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma Prostate	1 yr
Due to Hong-Kwiw	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations 5/8

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 D. J. Desbourk (M. D. ~~or other~~)

Address Jackson Mo Date signed 2-6-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 246-1768
Date Filed 2-28-46

AUG 12 1946

MAR 11 1946

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 C. J. Lorberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.