

S. No. 2  
M-8-43  
7-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12489**  
Registrar's No. **125**

**FILED** MAY 8 1946

Registration District No. **953** Primary Registration District No. **3010**

1. PLACE OF DEATH:  
(a) County **Cape Girardeau**  
(b) City or town **Cape Girardeau**  
(c) Name of hospital or institution: **Deaneham Mo. Hosp**  
(d) Length of stay: In hospital or institution **7 weeks**  
In this community **76 yrs**

3. (a) PRINT FULL NAME **ANNA WEISS**  
(b) If veteran, name war **-** (c) Social Security No. **-**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Herman** 6. (c) Age of husband or wife if alive **-** years

7. Birth date of deceased **Jan 7 1868**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **2** Days **15** If less than one day hr. min.

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

10. Usual occupation **House wife**

11. Industry or business **-**  
12. Name **Herman**  
13. Birthplace **Germany**  
14. Maiden name **Margie Schraderey**  
15. Birthplace **Germany**

16. (a) Informant **Mrs F Reimeyer**  
(b) Address **Cape Girardeau Mo**

17. (a) **Interred** (b) Date thereof **3-14-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Premier**  
18. (a) Signature of funeral director **Dale D Howell**  
(b) Address **Cape Girardeau Mo**

19. (a) **4-10-1946** (b) **C. C. Summers**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Cape Girardeau**  
(c) City or town **Cape Girardeau**  
(d) Street No. **330 N. Henderson**  
(e) Citizen of foreign country? **No**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **March** day **22** year **1946** hour **9** minute **30 A.**  
21. I hereby certify that I attended the deceased from **Nov 5** 19**46** to **March 22** 19**46**  
that I last saw h. **or** alive on **March 22** 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Widowed heart disease** Duration **16 months**

Due to **-**  
Due to **-**  
Other conditions **Prostatic Gland** 10 days  
(Include pregnancy within 3 months of death)

Major findings: **-**  
Of operations **-**  
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:  
(e) 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 **W. J. Barry** (M. D. or other) **-**  
Address **Cape Girardeau** Date signed **4-7-46**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4

File Number 546-206

5-7-46

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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. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Hudson

*Berry*

**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.**