

FILED JUL 9 1946

Primary Registration District No. 3010

Registrar's No. 217

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 A
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 hours
(Specify whether
In this community 16 hours
years, months or days)

3. (a) PRINT FULL NAME

Albert Puchbauer

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 Widower
6. (b) Name of husband or wife Elizabeth Puchbauer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov 13, 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 12
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name William Puchbauer
13. Birthplace Germany
14. Maiden name Augusta Miller
15. Birthplace Germany

16. (a) Informant Arthur Puchbauer
(b) Address St Louis, Mo
17. (a) Burial (b) Date thereof 6-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City of Cape Girardeau, Mo

18. (a) Signature of funeral director Bisplinghoff Funeral Home
(b) Address Illmo, Mo
19. (a) 6-27-1946 (b) C. G. Summers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100
(c) City or town Illmo 3
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1946 hour 1 minute 10 a. M.

21. I hereby certify that I attended the deceased from June 24, 1946 to June 25, 1946
that I last saw him alive on June 24, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy
Duration 1 day

Due to Arterial Hypertension
Due to

Other conditions (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:

(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?
While at work? (Specify type of place)
(e) Means of injury

23. Signature T. Washel (M. D. or other) MD
Address Cape Girardeau, Mo Date signed 6/27/46

RECEIVED

District Health Officer No. 4
District File Number 746-2315
Date Filed 2-6-46

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 Bueplerhoff*
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.