. S. No. 2
0M—2-43
ev. 5-17-39
I X35697

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

21816

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

22958

FILED AUG 7 1946

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 52 Primary Registration District No. 4078 Registrar's No. 68

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: Delta Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether

In this community all life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape 16

(c) City or town Cape Girardeau (If outside city or town limits, write "RURAL") 0

(d) Street No. Delta Mo (If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME Fred August Stoffregen

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race W

6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ 1

6. (b) Name of husband or wife Olive

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Sept (Month) 29 (Day) 1879 (Year)

8. AGE: Years 66 Months 9 Days 27 If less than one day ..... hr. ..... min.

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

10. Usual occupation Brick Layer

11. Industry or business .....

FATHER
12. Name August Stoffregen
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Bent Kuger
15. Birthplace " " (City, town, or county) (State or foreign country) 9

16. (a) Informant Frank Stoffregen

(b) Address Cape Gir Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 27 (Day) 46 (Year)

(c) Place: burial or cremation Lorimier

18. (a) Signature of funeral director Joe G. Howell

(b) Address Cape Gir Mo.

19. (a) 7-31-46 (Date received local registrar) (b) D. G. Sutton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 - 1946

year ~~1929~~ hour 11 minute P M.

21. I hereby certify that I attended the deceased from May 1st, 1946 to July 24, 1946

that I last saw him alive on July 23, 1946

and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver & stomach — Duration: Several months

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 46B

Major findings: Of operations Sarcoma

Of autopsy .....

ADDITIONAL SUPPLEMENTARY REQUESTED

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 W W Davault (M.D. or other) MD

Address Allenville Mo Date signed July 27 46

45

(Licensed Embalmer's Statement on Reverse Side)

Health Officer No. 4
Register File Number 846-24
Date Filed 8-5-46

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cope Georgia

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.