S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 297712

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 299

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 DAYS (Specify whether
In this community LIFE TIME
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CAPE GIR.
(c) City or town CAPE GIRARDEAU.
(If outside city or town limits, write "RURAL")
(d) Street No. 237A NO. FOUNTAIN, ST
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME EMILIA H. SEBASTIAN
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
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MAY - 5 - 1863 (Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 4 If less than one day hr. min.

9. Birthplace CAPE GIRARDEAU. MO (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business HOME
FATHER 12. Name CHRISTIAN HIRSCH
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name KATHERINE SCHAD
15. Birthplace GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant MRS EDITH LIGHTFOOT
(b) Address CAPE GIRARDEAU
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-11-46 (Month) (Day) (Year)
(c) Place: burial or cremation NEW LORIMIER CEM
18. (a) Signature of funeral director Walthers Und. Co
(b) Address Cape Girardeau Mo
19. (a) 9-10-1946 (Date received local registrar) (b) C. C. Sommers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 9 year 46 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from 9-1, 1946, to 9-9, 1946 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	
Due to	
Due to	
Other conditions: Nephritis (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. Fourth (M. D. or other) MD
Address Cape Girardeau Mo Date signed 9/10/46

44 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 946-2628
Date Filed 9-16-46

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 Virgil H. Welch

Licensed Embalmer No. 402

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.