

X35697

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

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

32933

FILED NOV 1 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 345

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: 1337 No. ELLIS ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 75 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME DORA ALBERS

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 SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased SEPT. - 5 - 1860
(Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 15 If less than one day hr. _____ min. _____

9. Birthplace HANOVER GERMANY
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business HOME

12. Name FREDERICK ALBERS

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name MARY TRUE
(City, town, or county) (State or foreign country)

15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant MRS MARY DAMMERMAN

(b) Address CAPE GIRARDEAU

17. (a) BURIAL (b) Date thereof OCT. 22-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FAIRMOUNT CEM

18. (a) Signature of funeral director Walthus Ind. Co

(b) Address Cape Girardeau Mo

19. (a) 10-22-1946 (b) G. F. Sumner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County CAPE GIR.
(c) City or town CAPE GIRARDEAU MO
(If outside city or town limits, write "RURAL.")
(d) Street No. 337 No ELLIS
(If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country GERMANY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20th
year 1946 hour 7³⁰ minute P M.

21. I hereby certify that I attended the deceased from Oct. 20th 1946, to Oct. 20th 1946
that I last saw him alive on Oct. 20th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Cerebral Duration 5 hours

Due to Senility

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 _____

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 0

23. Signature G. F. Sumner (M. D. or other)

Address Cape Girardeau, Mo. Date signed 10/24/46

44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

Number 10-46-280

10-28-46

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 Helch

Licensed Embalmer No. 4102

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.