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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39850

State File No.

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 441

1. PLACE OF DEATH:

(a) County Cape Girardeau Mo.

(b) City or town Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Family Home (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 Gir 16

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

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

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Anna Josephine Heute

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife William

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

7. Birth date of deceased Aug (Month) 26 (Day) 1881 (Year)

8. AGE: Years 64 Months 3 Days 22 If less than one day hr. min.

9. Birthplace New Wells (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation House wife

11. Industry or business None

FATHER
12. Name Joseph Serr 11
13. Birthplace Austria (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Mary Kraus
15. Birthplace Austria (City, town, or county) (State or foreign country) 4

16. (a) Informant Wm Heute

(b) Address Cape Gir Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-46 (Month) (Day) (Year)

(c) Place: burial or cremation Egypt Mills Mo

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

(b) Address Cape Girardeau Mo

19. (a) 12-31-1946 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 18 year 1946 hour 5 pm minute M.

21. I hereby certify that I attended the deceased from 1/10/44, to 12/18, 1946; that I last saw h alive on 12/18/46, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Coronary Disease

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

94 P

Duration

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 0

23. Signature [signature] (M. D. ~~or other~~)

Address Cape Girardeau Date signed 12/30/46

44

(Licensed Embalmer's Statement on Reverse Side)

[illegible] No. 4
[illegible] 147-42
[illegible] 1-6-47.

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 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.

See [illegible]