

No. 2  
1-5-43  
5-17-39  
I X38671

**FILED APR 7 1947**

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **103**

**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 Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 min.  
(Specify whether years, months or days)

In this community 30 min.

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Cape Girard.

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

(d) Street No. St. Francis Hospital  
(if rural, give location)

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

If yes, name country ---

**3. (a) PRINT FULL NAME** Robert Earl Bouge, Jr.

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 Single

6. (b) Name of husband or wife ---

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

7. Birth date of deceased: April 2, 1947  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

--- --- --- hr. 30 min.

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

10. Usual occupation ---

11. Industry or business ---

12. Name Robert E. Bouge

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

14. Maiden name Daphna Keller

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

16. (a) Informant Robert Carl Bouge

(b) Address 405 Albert St. Cape Gir. Mo.

17. (a) Burial (b) Date thereof 4/2/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director [Signature]

(b) Address Cape Girardeau, Mo.

19. (a) 4-2-1947 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 2  
year 1947 hour 9 minute 30 a.m.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure due to prolapse of umbilical cord.

Due to cord.

Due to \_\_\_\_\_

Other conditions ---  
(Include pregnancy within 3 months of death)

Major findings: 1600

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration 30

**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) no

(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? no

While at work? --- (Specify type of place)

(e) Means of injury ---

23. Signature [Signature] (M. D. or other) no

Address Cape Girardeau Mo Date signed 4/2/47

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

MOTHER FATHER

74

RECEIVED

Sanitary Health Officer No. 4

Subject File Number 447-471

Date Filed 4-7-47

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..... *C. J. Lorberg*.....  
Licensed Embalmer No. 3810  
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.