

Registration District No. 53 Primary Registration District No. 3010

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 5 days
(Specify whether years, months or days)

In this community 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau

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

(d) Street No. 2 miles South W. Old 44 plot
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LOUISA HILBERT DAMBACH

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1947 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 20 1947 to June 21 1947 that I last saw her alive on June 21 1947 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Robert F. Dambach 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: Oct. 14, 1884
(Month) (Day) (Year)

Immediate cause of death: Carcinomatosis

Due to: Carcinoma of Cervix

Other conditions: 48A

May findings: Biopsy of Cervix Positive for Carcinoma

Of autopsy: none

8. AGE: Years 62 Months 8 Days 6 If less than one day hr. min.

9. Birthplace: Arnsberg Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name: Julius Hilbert

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

14. Maiden name: Juliana Luvick

15. Birthplace: Oschells Mo
(City, town, or county) (State or foreign country)

16. (a) Informant: Hilbert Dambach

(b) Address: 2011 Kellogg R #1

17. (a) Burial (b) Date thereof: June 22-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Zion M.E. Cemetery

18. (a) Signature of funeral director: J. Miller

(b) Address: 1014 E. 1st

19. (a) 6-28-1947 (b) G. G. Summers
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence: no

(c) Where did injury occur? no
(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 _____

23. Signature: J. G. Summers (M. D. or other)

Address: Cape Girardeau Mo Date signed: 6-21-47

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

6
4

JUL 30 1947

RECEIVED

District Health Officer No. 4
District File Number 647-879
Date Filed 6-30-47

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 Gene C. Crawford

Licensed Embalmer No. 4937

P. O. Address Jackson, 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.