No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20291

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 194

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: St. Francis Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days Hospital (Specify whether
In this community 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79

(c) City or town Altenburg Mo. 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Herman J. Lichtenegger

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Lichtenegger

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased November (Month) 7 (Day) 1875 (Year)

8. AGE: Years 71 Months 6 Days 12 If less than one day hr. min.

9. Birthplace Cape Girardeau Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Joseph Lichtenegger 4
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Pilz 1
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Lichtenegger
(b) Address Altenburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Altenburg Mo.

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo

19. (a) 6-24-1947 (Date received local registrar) (b) C. C. Summers (Registrar's signature) 44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1947 hour 6 minute P M.

21. I hereby certify that I attended the deceased from June 16, 1947, to June 19, 1947; that I last saw him alive on June 19, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration ?

Due to Chronic pyelonephritis

Due to 127A

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

~~Major findings:~~ — autopsy —
~~Of operations~~ Splenomegaly, hepatomegaly, adhesive pericarditis, cholecystitis
Of autopsy chronic, nephritis chronic, cortical abscess - left kidney

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) 0

While at work? (e) Means of injury

23. Signature Charles F. Wilson (M. D. or other) M.D.
Address 727 Broadway Date signed 6-21-47

(Licensed Embalmer's Statement on Reverse Side) Cape Girardeau, Mo

RECEIVED
District Health Officer No. 4
District File Number 642-823
Date Filed 6-30-42

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 Frederic W. Bane, Registered Apprentice No. 510, working under my personal supervision.

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.