

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23587
Registrar's No. 238

FILED AUG 12 1947
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 45 min (Specify whether years, months or days)
In this community 45 min

3. (a) PRINT FULL NAME David Anthony Amrhein

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 child
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Apr 13 1943
(Month) (Day) (Year)

8. AGE: Years 4 Months 3 Days 21 If less than one day hr. min.

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

10. Usual occupation child

11. Industry or business

MOTHER FATHER { 12. Name Joe Amrhein
13. Birthplace Chaffee, Mo
(City, town, or county) (State or foreign country)
14. Maiden name Camille Kern
15. Birthplace New Hamburg, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Amrhein
(b) Address deemo mo

17. (a) Burial (b) Date thereof 8-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cape Girardeau, Mo

18. (a) Signature of funeral director Displinghett Funeral Home

(b) Address Ill mo, p.m.

19. (a) 8-6-1947 (b) C. G. Semmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
(c) City or town Illmo 3
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 4
year 1947 hour 10 minute 20 A. M.

21. I hereby certify that I attended the deceased from 8/4 1947 to 8/4 1947
that I last saw him alive on 8/4 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Heart Exhaustion Duration

Due to

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) 100

(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?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature C. G. Semmes (M. D. or other)

Address Cape Girardeau Date signed 8/4/47

(Licensed Embalmer's Statement on Reverse Side)

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

Health Officer No. 4
File Number 847-1043
Date Filed 8-11-47

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 Oliver C Amisk, Registered Apprentice No. 455, working under my personal supervision.

Signed Mamie Beplerhoff
Licensed Embalmer No. 3242
P. O. Address Chaffee 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.