

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26996
Registrar's No. 256

FILED SEP 4 1947
Registration District No. 93

Primary Registration District No. 3010

116
14/

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

1. PLACE OF DEATH:
(a) County CAPE GIRARDEAU
(b) City or town CAPE GIRARDEAU
(c) Name of hospital or institution:
927 BLOOMFIELD
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution neither
In this community 35 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County CAPE GIR
(c) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL")
(d) Street No. 927 BLOOMFIELD
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME MINNIE STAMMER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 22 year 1947 hour 11 minute 20 A.M.
21. I hereby certify that I attended the deceased from March 6, 1943, to August 22, 1947; that I last saw her alive on August 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 WIDOWED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased OCT-2-1885
(Month) (Day) (Year)

Immediate cause of death cerebral hemorrhage
Due to cerebral pressure
Due to arteriosclerosis
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.

8. AGE: Years Months Days If less than one day
61 10 20 hr. min.

9. Birthplace BIEHLE Mo D
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business HOME

12. Name JOSEPH GERINGER

13. Birthplace GERMANY

14. Maiden name THERESA WINGERTER

15. Birthplace BIEHLE Mo D
(City, town, or county) (State or foreign country)

16. (a) Informant MRS GUSSIE MAURER

(b) Address CAPE GIRARDEAU

17. (a) BURIAL (b) Date thereof 8-25-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST MARYS GEM

18. (a) Signature of funeral director Walthus And. Co

(b) Address Cape Girardeau Mo

19. (a) 8-26-47 (b) C. 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) _____
(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 M. Marquette Fuller (M. D. or other) M.D.
Address Cape Girardeau, Mo. Date signed 8-23-47

ED

Health Officer No. ⁴
District File Number 947-1131
Date Filed 9-2-47

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 Virgil H. Kelch
Licensed Embalmer No. 4102
P. O. Address Cape Girardeau 7

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.