

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

FILED NOV 4 1947

Registration District No. **53** Primary Registration District No. **3010** Registrar's No. **336**

16
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**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1202 HILLCREST DRIVE
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution (Specify whether
 In this community **LIFETIME** 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. **1202 HILLCREST DRIVE**
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME **LAURA A. IGEL**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **oct** day **25**
 year **1947** hour **4** minute **45 P.M.**
 21. I hereby certify that I attended the deceased from **oct 20**
 19**47** to **oct 25**, 19**47**
 that I last saw h. **ea** alive on **oct 25**, 19**47**
 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 **SINGLE**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **MARCH 20-1859**
(Month) (Day) (Year)

Immediate cause of death **Cerebral Thrombosis**
 Due to **Arteriosclerosis**
 Due to **Generalized**

8. AGE: Years **88** Months **7** Days **5** If less than one day _____ hr. _____ min.

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.

9. Birthplace **CAPE GIRARDEAU, Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WORK**
11. Industry or business **HOME**
12. Name **LOUIS F. IGEL**
13. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. MARTIN NELSON**
(b) Address **CAPE GIRARDEAU, Mo**
17. (a) BURIAL **(b) Date thereof** **10-28-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **JACKSON, Mo**

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? _____

18. (a) Signature of funeral director **Walther Funeral Home**
(b) Address **Cape Girardeau Mo.**
19. (a) 10-28-47 **(b) C. G. Sommer**
(Date received local registrar) (Registrar's signature) 114

While at work? _____ (Specify type of place)
 (c) Means of injury **(D)**
23. Signature **Edward Campbell** (M.D. or other)
Address **Cape Girardeau, Mo** **Date signed** **10-27-47**

RECEIVED

Health Officer No. 4

File Number 1147-1381

Date Filed 11-3-47

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. Helch

Licensed Embalmer No. 4102

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.