

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

FILED DEC 23 1947

Registration District No. **538**

Primary Registration District No. **3010**

Registrar's No. **388**

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

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days Hospital
7 Days (Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Mathias Geringer

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Cecelia Geringer

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

7. Birth date of deceased October 18 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>1</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Mark Geringer

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

14. Maiden name Barbara Huber

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Geringer

(b) Address Beihle Star R. Mo.

17. (a) Burial (b) Date thereof 12-13-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beihle Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Young & Sons

19. (a) 12-17-47 (b) W. A. Semmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

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

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11
year 1947 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 5, 1947 to Dec 11, 1947
that I last saw him alive on Dec 10, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarct Duration _____

Due to arteriosclerosis

Due to severe psychosis & advanced septility 12nd 5:6 yrs

Other conditions hypertension of kidney
(Include pregnancy within months of death)

Major findings: hypertension of kidney PHYSICIAN _____
Of operations _____
hypertension of kidney
Of autopsy _____

52H

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Paul B. Duschmann M.D. or other _____

Address Cape Girardeau Mo. Date signed 12-15-47

RECEIVED

District Health Officer No. 4
District File Number 1247-58
Date Filed 12-22-4

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.....

Fredric V. Baice, 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.