

No. 2
-8-43
5-17-39
I X37823

State File No.

FILED JAN 20 1948

Registration District No. 33

Primary Registration District No. 5185

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town RFD # 1 Gordonville, CAPE GIR
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1 1/2 miles East of Gord.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not in either
(Specify whether)

In this community Entire life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girard.

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

(d) Street No. RFD #1
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Wilhelmina Carolina Alvina Lorberg

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 11 day Sunday
year 1948 hour 12:55 minute _____ P. M.

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

21. I hereby certify that I attended the deceased from 31 October
1948 to 11 Jan, 1948
that I last saw her alive on 11 Jan, 1948
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

Immediate cause of death:
Carcinomatosis -
primary site never determined

Due to _____

Due to _____

6. (b) Name of husband or wife A. F. "Ollie" Lorberg 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased April 3, 1879
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 8 If less than one day hr. _____ min. _____

Other conditions Hypertensive Cardio-vascular renal disease
(Include pregnancy within 6 months of death)

Major findings:
Of operations _____

Of autopsy 5-5-48

9. Birthplace Near Gordonville Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business ---

12. Name Charles Daume

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

14. Maiden name Wilhelmina Schlue

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

16. (a) Informant (A. F. Lorberg) J. F. Lorberg

(b) Address RFD #1 Gordonville

17. (a) Burial (b) Date thereof Jan. 15 '48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Lutheran Cemetery

18. (a) Signature of funeral director C. J. Lorberg

(b) Address Cape Girardeau, Mo.

19. (a) 1-15-48 (b) C. P. Zimmerman
(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 C

23. Signature J. Lorberg (M. D. or other) _____

Address Jackson, Missouri Date signed 1-12-48

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

MOTHER FATHER

RECEIVED

Health Officer No. 4

Parcel Mile Number 148-88

Date Filed 1-19-48

APR 25 1948

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 C. J. Torberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau

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.