

No. 2
DOM-5-43
Rev. 5-17-39
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18860**

FILED JUN 22 1948

Registration District No. **3**

Primary Registration District No. **3010**

Registrar's No. **190**

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

(d) Length of stay: In hospital or institution **none**
(Specify whether years, months or days)

In this community **70 YEARS**

3. (a) PRINT FULL NAME **THERESA HANEBRINK**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **FEMALE**

5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **JOHN**

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

7. Birth date of deceased **NOV - 8 - 1860**
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|----------|----------------------|
| Years | Months | Days | If less than one day |
| 87 | 7 | 8 | _____ hr. _____ min. |

9. Birthplace **HANOVER GERMANY**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WORK**

11. Industry or business **HOME**

12. Name **WENDOLIN DAVID**

13. Birthplace **HANOVER GERMANY**
(City, town, or county) (State or foreign country)

14. Maiden name **DONT KNOW**

15. Birthplace **DONT KNOW**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS H.F. BODE**

(b) Address **CAPE GIRARDEAU Mo**

17. (a) **BURIAL** (Burial, cremation, or removal)

(b) Date thereof **6-18-1948**
(Month) (Day) (Year)

(c) Place: burial or cremation **ST. MARYS. GEM.**

18. (a) Signature of funeral director **Walthers Funeral Home**

(b) Address **cape girardeau Mo.**

19. (a) **6-17-48** (Date received local registrar)

(b) **C. C. Summers** (Registrar's signature)

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. **337 THEMIS, ST.**
(If rural, give location)

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

If yes, name country **GERMANY**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **16th**
year **1948** hour **6** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Jan 1st**, 1948, to **June 16th**, 1948
that I last saw **her** alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Arterio sclerosis**

Duration **?**

Due to **senility**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **97**

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) _____

(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? **0**

23. Signature **EB Schick** (M. D. or other) _____

Address **Cape Girardeau Mo.** Date signed **6/17/48**

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

6
4

SEP 9 1948

SEP 9 1948

AUG 12 1948

RECEIVED

District Health Officer No. 4
District File Number 648-287
Date Filed 6-21-48

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.....

Richard O. Laird....., Registered Apprentice No. 502,
working under my personal supervision.

Signed Virgil H. Welch
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.