-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 28 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22403

Registration District No. 53 — Primary Registration District No. 3010 — Registrar's No. 220

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town — (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 92 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girl
(c) City or town Cape Girardeau (If outside city or town limits, write "RURAL")
(d) Street No. 31 N. Benton (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILHELMINA BRUNKE
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 —
6. (b) Name of husband or wife Fred 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 20 (Day) 1853 (Year)

8. AGE: Years 95 Months 4 Days 27 If less than one day hr. min.
9. Birthplace Prussia (City, town, or county) X (State or foreign country)
10. Usual occupation House wife
11. Industry or business —
FATHER
12. Name Fred Wittenborn
13. Birthplace Prussia (City, town, or county) X (State or foreign country)
MOTHER
14. Maiden name Cook
15. Birthplace — (City, town, or county) — (State or foreign country)
16. (a) Informant Martin Brunke
(b) Address Cape Girardeau Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Lorimier
18. (a) Signature of funeral director Joe G. Howell
(b) Address Cape Girardeau, Mo
19. (a) 7-20-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature) 44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1948 hour 8 minute 50 a.M.
21. I hereby certify that I attended the deceased from July 12, 1948, to July 17, 1948, that I last saw her alive on July 17, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hip fracture	5 days
Due to: Fall	
Due to:	
Other conditions: Pulmonary embolism (Include pregnancy within 3 months of death)	instant

Major findings: Of operations: no operation
Of autopsy: no autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Fell at home
(b) Date of occurrence July 12 - 1948
(c) Where did injury occur? at home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)
While at work? (e) Means of injury fall
23. Signature R. G. Ritter, M.D. (M. D. or other)
Address Cape Girardeau Mo Date signed 7/17/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

FILED

Health Officer No. 4

District File Number 748-942

Date Filed 2-22-48

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed W. H. Estes

Licensed Embalmer No. 3568

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.