

FILED AUG 4 1948

Registration District No. 33

Primary Registration District No. 3010

Registrar's No. 233

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town St. Mo. Hwy
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Mary's Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether 76 yrs)

In this community 76 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town St. Mo. Hwy
(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 _____

3. (a) PRINT FULL NAME ANNA E. FERT

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 HENRY 6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased MAN 20 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>0</u>	<u>11</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name WM. ROEITIG

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

14. Maiden name UNK.

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

16. (a) Informant WALTER EIFERT

(b) Address 1111 Mo. Ave.

17. (a) BURIAL (b) Date thereof 6-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1111 Mo. Ave.

18. (a) Signature of funeral director G. Joe B. Howell

(b) Address Cape Girardeau, Mo.

19. (a) 7-26-48 (b) T. C. Summers
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1948 hour 41 minute 23 P. M.

21. I hereby certify that I attended the deceased from May 22nd, 1948, to May 31st, 1948
that I last saw her alive on May 31st, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy 10 hours

Due to possibly vomiting

Due to intestinal obstruction

Other conditions stricture of rectum 2
(Include pregnancy within 3 months of death)

Major findings: Patient refused operation

Of autopsy no

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 T. C. Summers (M. D. or other) _____
Address Cape Girardeau, Mo. Date signed 6/19/48

Duration

10 hours

2

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 848-963

Date filed 8-2-48

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

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.