No. 2
—1/47
5-17-39

16
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39547

Registration District No. 53 — Primary Registration District No. 3010 — Registrar's No. 387

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 U
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 2 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau 16
(c) City or town (Rural) Friedheim U
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bertena Elizabeth Tuschoff
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry C. Tuschoff
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 1 (Day) 1854 (Year)

8. AGE: Years 94 Months 11 Days 10 If less than one day hr. min.

9. Birthplace Cape Girardeau Co. Mo. U (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name William Gieseker 11
13. Birthplace Germany 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Caroline Salehorse 1
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Gus Kromann
(b) Address Friedheim Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/48 (Month) (Day) (Year)
(c) Place: burial or cremation Friedheim Cemetery
18. (a) Signature of funeral director McCombs Funeral Co.
(b) Address Jackson Mo.
19. (a) 12-13-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature) 44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11 year 1948 hour 1 minute 40 a M.

21. I hereby certify that I attended the deceased from Dec 9, 1948, to Dec 11, 1948; that I last saw her alive on Dec 10, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Generalized carcinomatosis producing bowel
Due to abstruction. Biopsy taken for diagnosis
Due to of primary site of origin
Other conditions (Include pregnancy within 3 months of death)
46

Major findings:
Of operations As above
Of autopsy

Duration

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)
(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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature R. C. Ritter (M. D. or other)
Address Cape Girardeau Mo. Date signed 12-11-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
Date File Number 1248-15
Date Filed 12-20-

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 Thos K Allen

Licensed Embalmer No. 4055

P. O. Address Jackson

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.