

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39550
Registrar's No. 104

FILED JAN 5 1949
3-2

Registration District No. _____

Primary Registration District No. 3009

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town JACKSON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Union Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 64 yrs - 1 mo. - 13 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town JACKSON
(If outside city or town limits, write "RURAL")
(d) Street No. Union St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Antonette Springer
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 13 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 | 1 | 13 | _____ hr. _____ min.

9. Birthplace Cape Girardeau Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Wm. Springer

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

14. Maiden name Sophie Schoenebeck

15. Birthplace Cape Girardeau Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Aug. Puchbauer
(b) Address JACKSON, MO.

17. (a) Burial (b) Date thereof 12-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russell Heights Cem.

18. (a) Signature of funeral director Wilson Stettin Schlang
(b) Address JACKSON, MO.
19. (a) 12-28-48 (b) D.S. Fisher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26th day December
year 1948 hour 8:00 minute 5 A.M.
21. I hereby certify that I attended the deceased from Dec. 7th,
1948 to Dec. 26th, 1948;
that I last saw her alive on Dec. 25th, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation Duration _____

Due to Myocardial Insufficiency

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
936

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)
(Specify means of injury)

23. Signature Dr. Wm. Stettin Schlang (M. D. or other) D.O.
Address JACKSON, MO. Date signed 12/28/48

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

RECEIVED

District Health Officer No. 4
District File Number 149-39
Date Filed 1-4-49

MAR 22 1949

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

R. O. Laird

Licensed Embalmer No. 4538

P. O. Address Jackson, 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.