

FILED APR 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 11756

|  |  |   |   |   |   |   |  |  |  |                                  |  |
|--|--|---|---|---|---|---|--|--|--|----------------------------------|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>53</u>  |   | PRIMARY REG. DIST. NO. <u>3010</u>  |   | Registrar's No. <u>105</u>  |  |  |  |                                  |  |
| 1. PLACE OF DEATH<br>a. COUNTY<br><u>Cape Girardeu</u>   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br><u>Missouri</u> b. COUNTY<br><u>Cape Girardeau</u> |   |   |  |  |  |                                  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><u>Cape Girardeau</u>  |  | c. LENGTH OF STAY (in this place)<br><u>74 yrs</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><u>Cape Girardeau</u>   |   | <u>186</u><br><u>1</u>  |  |  |  |                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>St. Francis Hospital</u>   |  |   |   | d. STREET ADDRESS (If rural, give location)<br><u>807 GoodHope</u>  |   |   |  |  |  |                                  |  |
| 3. NAME OF DECEASED<br>a. (First)<br>(Type or Print) <u>REGINIA</u>  |  |   | b. (Middle)<br><u>CECEILA</u>                       |   | c. (Last)<br><u>SCHWEPKER</u>   |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>April 18, 1949</u> |  |  |                                  |  |
| 5. SEX<br><u>Female</u>  |  | 6. COLOR OR RACE<br><u>White</u>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Never Married</u>  |   | 8. DATE OF BIRTH<br><u>Feb. 15, 1875</u>                                    |  | 9. AGE (In years last birthday) IF UNDER 1 YEAR<br><u>74</u> Months <u>2</u> Days <u>3</u> IF UNDER 24 HRS. Hours Min. |  |                                  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housekeeper</u>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY                   |   | 11. BIRTHPLACE (State or foreign country)<br><u>Cape Girardeau, Missouri</u>                  |   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S.</u>   |  |                                  |  |
| 13a. FATHER'S NAME<br><u>Joseph Schwepker</u>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Anna M. Kreiger</u> |   |   | 14. NAME OF HUSBAND OR WIFE<br><u>None</u>                                  |  |  |  |                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  |   | 16. SOCIAL SECURITY NO.<br><u>No</u>                |   | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mr. Tony H. Hohler</u>                                |   |  | ADDRESS<br><u>Cape Girardeau Mo.</u>   |  |                                  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.                           |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Ch.</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |   |   |   |   |  | MEDICAL CERTIFICATION<br><u>Myocardial Ch.</u><br><u>42</u><br><u>Myocardial Ch.</u>                                   |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |   |   |   |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                    |  |                                  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |   |   |  |  |  |                                  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   | 21f. HOW DID INJURY OCCUR?  |   |   |  |  |  |                                  |  |
| 22. I hereby certify that I attended the deceased from <u>4-17-49</u> , to <u>4-18-49</u> , that I last saw the deceased alive on <u>4/18</u> , 19 <u>49</u> , and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above. |  |   |   |   |   |   |  |  |  |                                  |  |
| 23a. SIGNATURE<br><u>[Signature]</u>   |  |   |   | 23b. ADDRESS<br><u>Cape Girardeau, Mo.</u>  |   |   | 23c. DATE SIGNED<br><u>4/20/49</u>                             |  |  |                                  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |  | 24b. DATE<br><u>April 21, 1949</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Old Lorimier Cem.</u>  |   | 24d. LOCATION (City, town, or county) (State)<br><u>Cape Girardeau, Mo.</u> |  |  |  |                                  |  |
| DATE REC'D BY LOCAL REG.<br><u>4-20-1949</u>   |  | REGISTRAR'S SIGNATURE<br><u>[Signature]</u>   |   |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Walther's Funeral Home</u> ADDRESS<br><u>Cape Gir.</u> |   |  |  |  |                                  |  |

(Licensed Embalmer's Statement on Reverse Side)

Mo.

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

16  
1  
4

REVISED

Health Officer No. 4  
Number 449-55  
4-25-4

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed William Lee Jones

Licensed Embalmer No. 4410

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.