

FILED JUL 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18850

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 217

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY CAPE GIRARDEAU	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAPE GIRARDEAU		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAPE GIRARDEAU.	
c. LENGTH OF STAY (in this place) +		d. STREET ADDRESS (If rural, give location) 416. So. SPRIGG ST	
d. FULL NAME OF HOSPITAL OR INSTITUTION 416. So. SPRIGG			

3. NAME OF DECEASED (Type or Print) a. (First) GLARA b. (Middle) A. c. (Last) ROBERT			4. DATE OF DEATH (Month) (Day) (Year) July 6 1949		
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5. SEX FEMALE	6. COLOR OR RACE WHITE.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 7-1896	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months	IF UNDER 24 HOURS Hours	IF UNDER 2 HRS Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) NEW HAMBURG Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME CHARLES SCHLITT	13b. MOTHER'S MAIDEN NAME KATE KILLHOEFNER	14. NAME OF HUSBAND OR WIFE AL. ROBERT.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME Al. Robert. Cape Girardeau	ADDRESS no
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralysis Agitans		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22: I hereby certify that I attended the deceased from **June 25, 1949**, to **July 6, 1949**, that I last saw the deceased alive on **July 6, 1949**, and that death occurred at **7:10³⁰ p.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) MD	23b. ADDRESS Cape Girardeau	23c. DATE SIGNED 7/7/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE July 8, 1949	24c. NAME OF CEMETERY OR CREMATORY ST. MARYS CEM.	24d. LOCATION (City, town, & county) (State) CAPE GIRARDEAU, Mo.
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DATE REC'D BY LOCAL REG. 7-7-49	REGISTRAR'S SIGNATURE C. Co. Summers	44	25. FUNERAL DIRECTOR'S SIGNATURE Walters Funeral Home - Cape Gir.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-11-49

Health Officer No. 4

File Number 249-903

Date Filed

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 Virgil W. Welch

Licensed Embalmer No. 4102

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.