

FILED JUL 22 1949

STANDARD CERTIFICATE OF DEATH

State File No. 22779

BIRTH NO. REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 231

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape	
b. CITY (If inside corporate limits, write RURAL and give township) CAPE GIRARDEAU		c. CITY (If outside corporate limits, write RURAL and give township) Rural Cape Girardeau	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 5 West Cape Girardeau Hwy #61	
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Louisa b. (Middle) Phillipine c. (Last) Wedekind	4. DATE OF DEATH (Month) (Day) (Year) July 10-1949
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 19-1867	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 9	IF UNDER 1 YEAR Days 11	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Kahr	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Charles (Deceased)
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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 Emil Wedekind, Cape Girardeau	ADDRESS Rural, Mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Infarction		INTERVAL BETWEEN ONSET AND DEATH 67690 21
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 1. Injury - contusion of right chest, fract. of rib DUE TO (c) 2. Rrenal failure 3. Cardiac failure		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cape Girardeau, Mo Rtt 4
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 2 1949 10 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Stumbled and fell in bed room
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22. I hereby certify that I attended the deceased from July 2, 1949, to July 10, 1949, that I last saw the deceased alive on July 10, 1949, and that death occurred at 12 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title) Elbert M. Estes M.D.	23b. ADDRESS Cape Gir. 714 Broadway	23c. DATE SIGNED 7-11-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 12, 1949	24c. NAME OF CEMETERY OR CREMATORY Housner Lutheran	24d. LOCATION (City, town, or county) (State) Rural Cape Gir. Mo
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DATE REC'D BY LOCAL REG. 7-14-49	REGISTRAR'S SIGNATURE C. B. Summers	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. H. Howell Cape Gir. Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7-18-49

District Health Officer No. 4

District File Number 749-948

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 W. H. Estes

Licensed Embalmer No. 9568

P. O. Address Osage Hill 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.