

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4111**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **28**

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 Girardeau	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Cape Girardeau) c. LENGTH OF STAY (in this place) 18 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau 0164	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (If rural, give location) 402 S. Ellis St. 0	

3. NAME OF DECEASED (Type or Print) a. (First) Alma	b. (Middle) Lydia	c. (Last) Goehring	4. DATE OF DEATH (Month) (Day) (Year) Feb. 3, 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 24, 1886
9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Union Town, Mo. 0	12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Martin Hemmann	13b. MOTHER'S MAIDEN NAME Caroline Thauwald	14. NAME OF HUSBAND OR WIFE Otto Goehring
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Wilton Suckum ADDRESS Cape Girardeau, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia	DUPLICATE	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Arteriosclerosis - generalized ?		
	DUE TO (c) Paiglysis - lower extremities ?		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	C. following spinal cord tumor		
	Carcinoma of breast		

19a. DATE OF OPERATION 1-18-50	19b. MAJOR FINDINGS OF OPERATION Carcinoma - left breast	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) 1708
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?

22. I hereby certify that I attended the deceased from **1-17, 1950**, to **2-3, 1950**, that I last saw the deceased alive on **2-3, 1950**, and that death occurred at **3:20p m.**, from the causes and on the date stated above:

23a. SIGNATURE Charles F. Wilson MD (Degree or title)	23b. ADDRESS 714 Broadway Cape Girardeau, Mo.	23c. DATE SIGNED 2-4-50
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Feb. 5, 1950	24c. NAME OF CEMETERY OR CREMATORY Lorimier Cemetery	24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.
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DATE REC'D BY LOCAL REG. 2-5-1950	REGISTRAR'S SIGNATURE T. C. Summers	44	25. FUNERAL DIRECTOR'S SIGNATURE C. J. Lohry ADDRESS Cape Girardeau, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

FEB 13 1950

DISTRICT HEALTH OFFICE No.

File No. 250-216

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 _____

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.