

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4089

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5185 Registrar's No. 96

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 township) OR TOWN Cape Girardeau, rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau, rural R.F.D.#1	
c. LENGTH OF STAY (in this place) 2yrs.		d. STREET ADDRESS (If rural, give location) R.F.D.#1, Cape Girardeau	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D.#1 Cape Girardeau			
3. NAME OF DECEASED (Type or Print) a. (First) Hedwig b. (Middle) Englehardt c. (Last) Englehardt		4. DATE OF DEATH (Month) (Day) (Year) Feb. 27, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 8, 1876
9. AGE (In years last birthday) 74		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Cape Girardeau, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Henry Wolter		13b. MOTHER'S MAIDEN NAME Katherine Steak	14. NAME OF HUSBAND OR WIFE Christ Englehardt
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 ADDRESS Mrs. Ruth Heise, Cape Girardeau
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis ANTECEDENT CAUSES (b) Heart Attack DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paralysis	
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)	
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 Oct 17, 1951 , to Feb 27, 1951 , that I last saw the deceased alive on Oct 17, 1951 , and that death occurred at 7:40 a.m. , from the causes and on the date stated, above.			
23a. SIGNATURE (Degree or title) W. G. Neenan, M.D.		23b. ADDRESS Jackson Mo	23c. DATE SIGNED 2-28-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/1/51	24c. NAME OF CEMETERY OR CREMATORY Egypt Mills Lutheran	24d. LOCATION (City, town, or county) (State) Egypt Mills, Mo.
DATE REC'D BY LOCAL REG. 2-28-51	REGISTRAR'S SIGNATURE T. C. Summers	FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Loberg Cape Girardeau, Mo.	

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

RECEIVED

REGISTERED

INSTITUTIONAL BOARD OF HEALTH
DISTRICT OF COLUMBIA

MAR 5 1951
DISTRICT HEALTH OFFICE No

DATE OF DEATH
PLACE THIS LABEL ON THE FRONT OF THE COFFIN
GIVE TO THE FUNERAL HOME
FURNISH TO THE FUNERAL HOME
NAME OF DECEASED
ADDRESS OF DECEASED
CITY AND STATE OF DECEASED

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.....

working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed *Carl Larberg*

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.

OFFICIAL STATEMENT