

FILED JUL 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 23957

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5914 Registrar's No. 56

1. PLACE OF DEATH
a. COUNTY Perry

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 Rural - Brazeau

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau Mo. 0160

d. FULL NAME OF HOSPITAL OR INSTITUTION Star Route - Altenburg, Mo

d. STREET ADDRESS Rural

3. NAME OF DECEASED
a. (First) John b. (Middle) E c. (Last) Walther

4. DATE OF DEATH (Month) (Day) (Year)
July 4 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 2

8. DATE OF BIRTH June 18 - 1893 9. AGE (In years) (Months) (Days) (Hours) (Min.) 58 22

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cape owner - farm

10b. KIND OF BUSINESS OR INDUSTRY Restaurant

11. BIRTHPLACE (State or foreign country) Altenburg Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Herman Walther

13b. MOTHER'S MAIDEN NAME Mary Kease

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No

16. SOCIAL SECURITY NO

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alvin Brauner Altenburg Mo

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Sigmoid Colon
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 5 months

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 153X

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from May 21st, 1951, to July 4th, 1951, that I last saw the deceased alive on July 3rd, 1951, and that death occurred at 6:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE Theodore Fischer M.D.

23b. ADDRESS Altenburg, Mo.

23c. DATE SIGNED 7-4-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 6 1951

24c. NAME OF CEMETERY OR CREMATORY Roman Catholic

24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE July 16 - 1951 Joe J. Zollner

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Joe G. Howell Cape Girardeau Mo

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

790
1

RECEIVED

JUL 13 1951

DISTRICT HEALTH OFFICE No. C

No.

1951 12 11

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 *R. H. Estes*

Licensed Embalmer No. *3568*

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.