

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23859**  
Registrar's No. **47**

FILED JUL 16 1952

REG. DIST. NO. **52**

PRIMARY REG. DIST. NO. **5182**

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

BIRTH NO. _____		REG. DIST. NO. <b>52</b>		PRIMARY REG. DIST. NO. <b>5182</b>		Registrar's No. <b>47</b>	
1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Cape Girardeau</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Cape Girardeau</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Cape Girardeau 2160</b>		d. STREET ADDRESS (If rural, give location) <b>1 mi N. Pocahontas</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 mi North Pocahontas</b>				d. STREET ADDRESS (If rural, give location) <b>1 mi N. Pocahontas</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Bertha</b>		b. (Middle) _____		c. (Last) <b>Reimer</b>	
4. DATE OF DEATH		(Month) <b>July</b>		(Day) <b>2</b>		(Year) <b>1952</b>	
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>married</b>		8. DATE OF BIRTH <b>Dec 4-1888</b>	
9. AGE (In years last birthday) <b>63</b>		If under 1 year Months <b>6</b> Days <b>28</b>		If under 6 hrs. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Herman Pfeiffer</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Klaus</b>		14. NAME OF HUSBAND OR WIFE <b>Theo Reimer</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Theo Reimer</b> ADDRESS <b>Pocahontas Mo</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>				<b>45 min</b>	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <b>Hypertension &amp; arteriosclerosis</b>					
		DUE TO (c) <b>clerosis</b>					
		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"/>	
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)		<b>331 X</b>	
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 <b>Feb 7, 1952</b> , to <b>7-2-1952</b> that I last saw the deceased alive on <b>June 17, 1952</b> , and that death occurred at <b>12:20 pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Charles F. Wilson M.D.</b> (Degree or title)				23b. ADDRESS <b>714 Broadway Cape Girardeau Mo</b>		23c. DATE SIGNED <b>7-5-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>July 5, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pocahontas</b>		24d. LOCATION (City, town, or county) (State) <b>Pocahontas Mo.</b>	
DATE REC'D BY LOCAL REG. <b>July 8-52</b>		REGISTRAR'S SIGNATURE <b>H. G. Subier 43-</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Denette - Laird Jackson Mo.</b> ADDRESS _____			

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.....

Signed R. O. Laid

Signed.....  
Student Embalmer

Licensed Embalmer No. 4538

P. O. Address Jackson, 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.