

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10-48

FILED MAR 2 - 1953

 BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5185 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau, Mo.</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural, Cape Girardeau</u>		c. LENGTH OF STAY (In this place) <u>15 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural, Cape Girardeau</u>		0160 D
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cape Girardeau County Home</u>			d. STREET ADDRESS (If rural, give location) <u>Cape Girardeau County Home</u>		
3. NAME OF DECEASED a. (First) <u>William</u> (Type or Print)			b. (Middle) _____	c. (Last) <u>Schlinkmann</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 22, 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 1, 1864</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 1 HR. Hours _____	IF UNDER 15 MIN. Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer, retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Waterloo, Ill.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>William Schlinkmann</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Brauch</u>	14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>taken from copy of birth record (church)</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>	DUPLICATE				<u>several years</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES	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.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>794X</u>				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) m.	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 <u>Jan 1</u> , 19 <u>48</u> , to <u>Feb</u> , 19 <u>53</u> , that I last saw the deceased alive <u>Feb-22-</u> , 19 <u>53</u> , and that death occurred at <u>2:00p</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>D. G. Sibert M.D.</u> (Degree or title)			23b. ADDRESS <u>La chon Mo</u>		23c. DATE SIGNED <u>Feb 22 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>February 23, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairmount Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-24-53</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	FUNERAL DIRECTOR'S SIGNATURE <u>C. J. Jorgberg</u>	ADDRESS <u>Cape Girardeau, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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

C. J. Lorberg

Licensed Embalmer No. *3810*

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.