

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

7943

State File No.

FILED APR 12 1954 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 148

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).	
a. COUNTY <u>Cape Girardeau</u>	b. STATE <u>Missouri</u>	a. COUNTY <u>Cape Girardeau</u>	b. COUNTY <u>Cape Girardeau</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>	c. LENGTH OF STAY (in this place) <u>Yes</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau 0164</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>616 Locust St.</u>	d. STREET ADDRESS (If rural, give location) <u>616 Locust St.</u>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Auguste</u>	b. (Middle) <u>Emma</u>	c. (Last) <u>Birk</u>	<u>April 1-1954</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Mar 17 1878</u>		9. AGE (In years last birthday) <u>76</u> Months <u>0</u> Days <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau Mo</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Henry Mason</u>	13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Sperling</u>	14. NAME OF HUSBAND OR WIFE <u>William Birk</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>R.E. Birk</u>	
		ADDRESS <u>Cape Girardeau Mo</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> <u>5 hr</u> <u>5 hr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery disease</u>		
	DUE TO (c) <u>Arterial sclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>No operation</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE) <u>4201</u>
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 April 1, 1954, to April 1, 1954, that I last saw the deceased at home and was advised that death occurred at 11:52 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R.G. Ritter, M.D.</u>	23b. ADDRESS <u>Cape Girardeau Mo</u>	23c. DATE SIGNED <u>4-7-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 4 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u>
24d. LOCATION (City, town, or county) (State) <u>Jackson Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McComb & Co</u>	
DATE REC'D BY LOCAL REG. <u>4-8-54</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	ADDRESS <u>Jackson Mo.</u>

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 B. H. Meyer

Licensed Embalmer No. 3051

P. O. Address Jackson Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.