DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1944

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 21270

Registration District No. 33 — Primary Registration District No. 3010 — Registrar's No. 201.

**1. PLACE OF DEATH:**

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
15 No. Park St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 4 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau 16
(If outside city or town limits, write "RURAL")

(d) Street No. 15 No. Park St. 1/4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

**3. (a) PRINT FULL NAME** Fredericka Rasche

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wm. C. Rasche

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased June (Month) 2nd (Day) 1872 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 72 | 0 | 15 | hr. min. |

9. Birthplace Gordonville (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER

12. Name Fritz Denecke

13. Birthplace (City, town, or county) Germany (State or foreign country) 4

14. Maiden name Louisa Arns

15. Birthplace Don't Know (City, town, or county) (State or foreign country) 9

16. (a) Informant Wm. C. Rasche

(b) Address Cape Girardeau, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cemt. Gordonville

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Missouri.

19. (a) 6-22-44 (Date received local registrar) (b) E. O. Phelps (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month June day 17th
year 1944 hour 6 minute 35 P.M.

21. I hereby certify that I attended the deceased from June 13, 1944 to June 17, 1944
that I last saw h[illegible] alive on June 16, 1944
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cardio-Renal Vascular disease | |
| Due to ✓ | |
| Due to ✓ | |
| Other conditions ✓ (Include pregnancy within 3 months of death) | |

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence —

(c) Where did injury occur? —
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? — (e) Means of injury —

23. Signature [illegible] (M. D. or other) MD

Address Cape Girardeau Mo Date signed 6-20-44

1017

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4

District File Number 744-4

Date Filed 7-7-44

## 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Howard L. Johnson

Licensed Embalmer No. 4132

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.**