

FILED AUG 13 1946

Registration District No. 33

Primary Registration District No. 3010

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:
331 S. Lorimier St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not in Hospital
(Specify whether
In this community 1 Year, 8 months
years, months or days)

3. (a) PRINT FULL NAME LOUISE SOPHIA HANSCHEN

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Peter Hanschen 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 7, 1863
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 26 If less than one day
hr. min.

9. Birthplace Winehill Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired House Keeper

11. Industry or business

12. Name Henry J. Meyerhoff

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

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Martin P. Hanschen

(b) Address Sumnerville Mo.

17. (a) Burial (b) Date thereof Aug. 4, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Christ Lutheran Cemetery

18. (a) Signature of funeral director O. J. L. Perry

(b) Address Cape Girardeau, Mo.

19. (a) 8-5-1946 (b) G. E. Summers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girar.
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 331 S. Lorimier
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2
year 1946 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from Oct
7, 1944 to Aug 2, 1946
that I last saw her alive on Aug 1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration 24 hr

Due to

Due to

Other conditions arthritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 939

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

(a) Accident, suicide, or homicide (specify)

(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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature T. E. Ruff (M. D. or other) MD

Address Jackson mo Date signed 8-4-46

7-1-1911
District File Number 846-2508
Date Filed 8-12-46

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.....

C. J. Lorberg

Licensed Embalmer No.....

3810

P. O. Address.....

Cape Girardeau, 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.