MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D MAR 15 1939

Do not use this space. 6100

1. PLACE OF DEATH
(a) County Cape — Registration District No. 125
(b) Township — Primary Registration District No. 3009 — Registered No. 62
(c) City Cape Girardeau (d) Street No. St Francis Hosp St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 3 yrs. 9 mos. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Benjamin Andrew Witzelfelner
(a) Residence, No. St. (Usual place of abode, if no street address, write county or city) Chaffee, Mo (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Mrs Theo Witzelfelner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	61	5	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Co. Mo

FATHER
13. NAME Andrew Witzelfelner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary

MOTHER
15. MAIDEN NAME Eva Meyers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary

17. INFORMANT (ADDRESS) Julia Witzelfelner Chaffee Mo.

18. BURIAL, CREMATION, OR REMOVAL * Apple Creek Cem PLACE Cape Co. Mo DATE 2/20/ 1939

19. FUNERAL DIRECTOR (NAME) Bistlinghoff & Hubbard (ADDRESS) Chaffee Mo.

20. FILED 2-18 1939 J. M. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/18 , 19

22. I HEREBY CERTIFY, That I attended deceased from 2/11 , 19 39 , to 2/18 , 19 39
I last saw him alive on 2/15 , 19 39 Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Nephritis	
Cardiac Dis	

Other contributory causes of importance: Neoplasm Ch

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) A. D. Smyth , M. D.
(Address) Cape Girardeau

(Licensed Embalmer's Statement on Reverse Side)

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, ...

Maurice Desplaines Hoff, or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed Maurice Desplaines Hoff

Licensed Embalmer No. 42

P. O. Address Chicago, Ill

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

If this body is not embalmed, above space should be left blank.