

N. B.—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.

PLACE OF DEATH
County Cape Girardeau
Township _____
or
Village _____
or
City Cape Girardeau Mo. (NO. Next End Boulevard St. _____ Ward _____)

Registration District No. 130File No. 16434Primary Registration District No. 3009Registered No. 295FULL NAME John Henry Albert Scheppelmann

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE white SINGLE MARRIED Widowed
WIDOWED OR DIVORCED
(Write the word)

DATE OF BIRTH March 28, 1867
(Month) (Day) (Year)

AGE 45 yrs. 1 mos. 25 ds. IF LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

BIRTHPLACE
(City or town, State or foreign country) Cape Girardeau Mo

PARENTS
NAME OF FATHER John H. Scheppelmann
BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany
MAIDEN NAME OF MOTHER Friederick Pincel
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry Scheppelmann
Cape Girardeau Mo
(ADDRESS)

Filed May 19, 1912 W. E. Chappell
REGISTRAR

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

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from my own death body & investigated cause of death, 1912, to _____, 1912,

that I last saw him alive on _____, 1912,

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

apoplexy
34
82A
75B (Duration) 64 yrs. _____ mos. _____ ds.

Contributory Alcoholism & general syphilis
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Frank H. Hunter Coroner M. D.
May 19, 1912 (Address) Cape Girardeau

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death?

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL New City Cem. DATE OF BURIAL May 21, 1912

UNDERTAKER R. Walther Cape Girardeau Mo
ADDRESS