

791

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Josephine Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Day**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **EDNA PETERS** **362**

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 **SAM PETERS.** 6. (c) Age of husband or wife if alive **30** years

7. Birth date of deceased **March 15** **1918**
(Month) (Day) (Year)

8. AGE: Years **28** Months **4** Days **16** If less than one day hr. _____ min. _____

9. Birthplace **South Dakota**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At Home**

MOTHER FATHER { 12. Name **Joseph Nassif**

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

14. Maiden name **Sophia Risha**

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

16. (a) Informant **Sam Peters**
(b) Address **5031 S 37th St.**

17. (a) **Burial** (b) Date thereof **Aug 3/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Park**

18. (a) Signature of funeral director **Phos. Kuter & Son**
(b) Address **2906 Gravois Ave.**

19. (a) **AUG 2 1940** (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **0 Missouri** (b) County _____
(c) City or town **St. Louis** **15**
(If outside city or town limits, write "RURAL")
(d) Street No. **5031 S 37th St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **31**
year **1940** hour **5 15 A.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **7/30** - **1940** to **7-31** - **1940**
that I last saw her alive on **7-31** - **1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Post partum haemorrhage**

Due to **Uterine fibroids**
Non Malignant

Due to _____
Other conditions **Normal delivery 7/24/40**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy **14/40**

Duration

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) _____
(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 _____

23. Signature **W. Gaertner** (**GAERTNER**)
(M. D. or other) **8/1/40**
Address **315 S. Grand** Date signed

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

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.....

Leo Budde

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Leo Budde

Licensed Embalmer No. *3989*

P. O. Address *St. Louis*

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, above space should be left blank.