FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8633

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2043

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Luthern Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5das (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1617
(d) Street No. 3728 Keokuk (If rural, give location) 9
(e) If foreign born, how long in U. S. A.? -- years. 0

3. (a) PRINT FULL NAME Genevieve Peerman
3. (b) If veteran, name war ---
3. (c) Social Security No. no
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edgar Peerman
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased Aug (Month) 20 (Day) 1893 (Year)
8. AGE: Years 47 Months 6 Days 10 If less than one day hr. min.
9. Birthplace (City, town, or county) Iowa (State or foreign country)
10. Usual occupation house wife
11. Industry or business at home
MOTHER FATHER
12. Name John Stroben
13. Birthplace (City, town, or county) Iowa (State or foreign country)
14. Maiden name Helena Seifens
15. Birthplace (City, town, or county) Iowa (State or foreign country)
16. (a) Informant Edgar F. Peerman
(b) Address 3728 Keokuk
17. (a) burial (Burial, cremation, or removal) (b) Date thereof March 5-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.
19. (a) MAR 4 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day Second year 1941 hour 7 minute 50 P.M.
21. I hereby certify that I attended the deceased from ~~January 10~~ January 10, 1941, to March 2, 1941; that I last saw h. ex. alive on March 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Congestive heart failure
Due to Mitral stenosis + insufficiency
Due to Rheumatic heart disease
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy Mitral stenosis + insufficiency

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. ~~or other~~) M.D.
Address 436 University Club Bldg. Date signed 3-3-41

(Licensed Embalmer's Statement on Reverse Side)

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

No. 2
3-40
7-39
X23159

Dr Lawne
University Club Bldg.

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 Oliver E Fendler

Licensed Embalmer No. 4148

P. O. Address St. Louis, Mo

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

If this body is not embalmed, fact should be so stated above.