

No. 2  
1-4-41  
-17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **40320**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **10064**

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:  
**Home for the Aged**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. **8 1/2 yrs.**  
In this community.....  
years, months or days

3. (a) PRINT FULL NAME **Frank Easter**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife. **Anna** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. **April 1 1865**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **8** Days **18** If less than one day hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business **Peter Easter**

12. Name **Peter Easter**

13. Birthplace **Dont Know.**

14. Maiden name **Frances Kuvad**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Sister Seraphine**

(b) Address **3400 So. Grand Blvd.**

17. (a) **Burial** (b) Date thereof **Dec. 20, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SS. Peter & Paul Cem.**

18. (a) Signature of funeral director. **J. H. Gebken & Co. 2842 Meramec St.**

(b) Address **DEC 20 1941**

19. (a) **DEC 20 1941** (b) **J. F. Buehler**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....  
(c) City or town **St. Louis,**  
**Little St. Grand Blvd.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3400 So. Grand Blvd.**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **19th**  
year **1941** hour **11** minute **30** A. M.

21. I hereby certify that I attended the deceased from **Nov 19 1941** to **Dec 19 1941**  
that I last saw him alive on **Dec 9 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration **1 hr**

Due to **Coronary Arteriosclerosis**

Due to **Atherosclerosis**

Other conditions **Ch. Bronchitis**  
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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 **E. P. Buehler** (M. D. or other)

Address **Miss Club** Date signed **12/21/41**

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.....

Joseph S. Benz

....., Registered Apprentice No. 218

working under my personal supervision.

Signed

*Laron E. Percy*

Licensed Embalmer No. 4094  
2842 Meramec St.  
P. O. Address St. Louis, 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.**