

FILED JUL 27 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25340

State File No. \_\_\_\_\_

Registration District No. 284

Primary Registration District No. 208

Registrar's No. 1505

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Gardenville  
(c) Name of hospital or institution: 4707 Heidelberg  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Gardenville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4707 Heidelberg  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Bridgett Peyerl

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

4. Sex female Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Godfrey Peyerl 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased October 10, 1891  
(Month) (Day) (Year)

8. AGE: Years 50 Months 9 Days 8  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Not known Austria  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Sommerbauer

13. Birthplace Not known Austria  
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known Austria  
(City, town, or county) (State or foreign country)

16. (a) Informant Godfrey Peyerl

(b) Address 4707 Heidelberg

17. (a) burial (b) Date thereof 7/14/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul

18. (a) Signature of funeral director John L. Eigenhart

(b) Address 7027 Gravois

19. (a) JUL 14 1942 (b) C. E. McCarroll  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11  
year 1942 hour 3 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from JUN 26  
1942 to JULY 11, 1942

that I last saw her alive on JULY 10, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death CONGESTIVE HEART FAILURE  
DURATION WEEKS

Due to DEGENERATIVE HEART DISEASE  
DURATION YEARS

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(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 C. E. McCarroll (M. D. or other) \_\_\_\_\_

Address 607 No. GRAND Date signed 7-13-42

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

9600

*bcf*

**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.....

*David M Davis*  
*B. P. K. K. K.*

Licensed Embalmer No. ~~3877~~ 3741

P. O. Address *7027 Grassie*

**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.)**

*3304 a Utah St*

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