

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 16 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. **9298**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution:
St. Louis City Hospital
(d) Length of stay: In hospital or institution 4 Days
In this community 60 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 3900 N. 23RD ST.
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Anna Peitz
3. (b) If veteran, name war No
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 5
year 1942 hour 10:00 minute _____ P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Joseph Peitz
6. (c) Age of husband or wife if alive deceased years _____
7. Birth date of deceased October 16, 1867

21. I hereby certify that I attended the deceased from November 2, 1942 to November 5, 1942
that I last saw her alive on November 5, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months - Days 21
If less than one day _____ hr. _____ min.

Immediate cause of death Chronic Myocarditis

9. Birthplace Unter-Mitzenziphen Austria/Hungary
10. Usual occupation Midwife.

Other conditions (Include pregnancy within 3 months of death) _____

MOTHER FATHER {
11. Industry or business _____
12. Name Unknown.
13. Birthplace UNKNOWN
14. Maiden name Unknown.
15. Birthplace UNKNOWN

Major findings: Of operations _____
Of autopsy None

16. (a) Informant MRS. ALMA REICKELMAN
(b) Address 1523 AGNES ST.
17. (a) Burial. (b) Date thereof Nov. 9, 1942
(c) Place: burial or cremation Calvary Cemetary.

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Suedmeyer & Sons Inc.
(b) Address 3934 N. 20th St.
19. (a) NOV 7 1942 (b) J. F. Brudeck

23. Signature J. F. Brudeck (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 11/5/42

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Alfred J. Boedecker*.....

Licensed Embalmer No. *2663*.....

P. O. Address..... *5908 Alpha*.....

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.