

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 14 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5156

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5900a Clemens Avenue.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Augusta Peters

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Henry H. Peters 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 28, 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Johnstown Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Lee Hargus

13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Ruth Peters

(b) Address 5900 Clemens Avenue.

17. (a) Removal (b) Date thereof 6/3/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Troy, Illinois

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.

19. (a) 5/21/48 (b) J. F. Pruden
(Date received local record) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1948 hour 1 minute P M.

21. I hereby certify that I attended the deceased from OCT. 7 1947 to JUNE 3 1948

that I last saw him alive on JUNE 3 1948 and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC MYOCARDITIS Duration 10 MO.

Due to TRAUMA

Other conditions TRAUMA OF LEFT HIP (Include conditions within 3 months of death)

Major findings of operation _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fix in the following:

(a) Accident, suicide or homicide (specify) ACCIDENT

(b) Date of occurrence OCT 21 1947

(c) Where did injury occur? ST. LOUIS MISSOURI
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
IN HER HOME.

While at work? NO (Specify type of place) (e) Means of injury FELL

23. Signature William Albert O. (M. D. or other) M.D.
Address 1184 HOLLIMONT AVE Date signed 6-2-48

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.....

Albert W. Nappé

Licensed Embalmer No.....

1861

P. O. Address.....

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.