No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15826
Registrar's No. 985

Registration District No. 377
Primary Registration District No. 3063

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
on arrival St. Louis County Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community
years, months or days)

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")
(d) Street No. 5630 Goethe Avenue.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary E Alsleben.
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Paul Alsleben.
6. (c) Age of husband or wife if alive Dec'd. years
7. Birth date of deceased March 24, 1883. (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	1	7	hr. min.

9. Birthplace Ferguson, (City, town, or county) Missouri. (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Alfons Peterson.
13. Birthplace (City, town, or county) Denmark. (State or foreign country) 4
MOTHER
14. Maiden name Emma Werder.
15. Birthplace (City, town, or county) Germany. (State or foreign country) 4
16. (a) Informant Mrs. Ernst Petersen.
(b) Address 7549 Leadale Drive.
17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof 5-6-1947. (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Mausoleum.
18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.
19. (a) 5-5-47 (Date received local registrar) (b) Cecil A. J. Sharp (Registrar's signature) MDC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st. year 1947 hour 10 minute P.M. M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death crushing chest injuries and other serious injuries received when struck by an automobile

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Duration

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) Accident
(b) Date of occurrence May 1st, 1947
(c) Where did injury occur? St. Louis County, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public road (Specify type of place)
While at work? (e) Means of injury Blunt impact
23. Signature Arnold J. Willmann (M. D. or other) Corona
Address Clayton Mo. Date signed 5/3/47

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.