

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 4 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32897

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8908**

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:
2221 Benton St. /
(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.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2221 Benton St.**
20 (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **22**
year **1947** hour **8** minute **35** P.M.
21. I hereby certify that I attended the deceased from
Aug 25, 19**47** to **Sept 22**, 19**47**.
that I last saw h. **en** alive on **Sept 22**, 19**47**,
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Circulatory failure
Due to **Coronary failure - Chronic**
Hypostatic pneumonia
Due to.....
Other conditions..... **senility**
(Include pregnancy within 3 months of death)
Major findings:
Of operations..... **93**
Of autopsy.....
PHYSICIAN.....
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Anna Peters**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **William Peters**
6. (c) Age of husband or wife if alive **82** years
7. Birth date of deceased **November 20 1866**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	10	2	hr. min.

9. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER

12. Name **G. Kleiner**

13. Birthplace **Germany** **7**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Hunndorf**

15. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **William Peters**
(b) Address **2221 Benton St.**

17. (a) **Removal** (b) Date thereof **9-25-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Hoyleton, Ill.**

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

19. (a) **SEP 23 1947** (b) **J. F. Brudeck**
(Date received local registrar's certificate) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(c) 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 **A M Neal** (M. D. or other) **MD**
Address **3701 Grand St** Date signed **9-23-47**

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 *Ernest W. Spillard*
Licensed Embalmer No. *14080*
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.