

Registration District No. 318

Primary Registration District No. 1003

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

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:
7612 Virginia ave.
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 7612 Virginia ave. 9
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Victoria Margaret Peiffer

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William G. Peiffer 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased May 26 1891
(Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John C. Wieland
13. Birthplace Germany 24
(City, town, or county) (State or foreign country)
14. Maiden name Victoria Spindler
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant William G. Wieland
(b) Address 7612 Virginia ave.

17. (a) Burial (b) Date thereof Oct. 11, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) OCT 13 1947 (b) J. Biedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10
year 1947 hour 5 minute 05 P.M.

21. I hereby certify that I attended the deceased from Nov 47
1945 to Oct 10 47
that I last saw her alive on Oct 10 47
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery Disease Duration 2 mo

Due to Arterio Sclerotic Heart disease 6 mo

Due to Bronchial asthma 2 years
Chronic Nephritis 1 1/2 years

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

Major findings: Of operations 1/21 Of autopsy _____
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) _____
(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?

(Specify type of place) _____
While at work? _____ (c) Means of injury _____

23. Signature George A. O'Sullivan MD
Address 431 N. Schurmer Date signed 10-10-47

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 Harry Schuyler
License/Embalmer No. 2679
P. O. Address 7814 S. Broadway

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.