

FILED NOV 12 1948 318

Primary Registration District No. 1003

Registrar's No. 9435

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:
3102 North Taylor 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, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3102 North Taylor Ave.
(If rural, give location)
 (e) Citizen of foreign country? 10 (Yes or No) _____
 If yes, name country _____

3. (a) PRINT FULL NAME Johanna Peters

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 25th. 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>II</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace Belleville, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Goetz
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillian Riordan
 (b) Address 3102 North Taylor Ave.

17. (a) Burial (b) Date thereof II/1/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Sullivan Funeral Dir.

(b) Address 2849 North Euclid Ave.

19. (a) NOV 1 1948 (b) J. B. Pasater
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29th.
 year 1948 hour 8.05 minute _____ A. M.

21. I hereby certify that I attended the deceased from Oct 21st, 1948 to Oct. 27, 1948
 that I last saw him alive on Oct. 28, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Hypertensive Encephalopathy

Underlying Chronic Glomerulonephritis

Other conditions Nephritis
(Include pregnancy within 5 months of death)

Major findings: General Sclerosis

Of operations _____
 Of autopsy 1/2/48

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) _____
 (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 D. Bishop (M. D. or other) M.D.
 Address 4909 Northland Ave. Date signed 10/29/48

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

MOTHER FATHER

Dr. Eck

4701 St. Louis Ave.

EV. 6756

9435

228

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 *Fleet L Brinkman*

Licensed Embalmer No. *3523*

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.