No. 300
10.48

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

FILED MAR 5 1952

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 6697

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1501

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bernard Nursing Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2109
d. STREET ADDRESS (If rural, give location): 10 3930 Natural Bridge

**3. NAME OF DECEASED** (Type or Print)
a. (First): Laura
b. (Middle): Wilhelmina Marie
c. (Last): Peters.

**4. DATE OF DEATH** (Month) (Day) (Year): Feb. 14, 1952.

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Single
**8. DATE OF BIRTH**: January 19, 1883
**9. AGE** (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): at home
**10b. KIND OF BUSINESS OR INDUSTRY**: ----------
**11. BIRTHPLACE** (State or foreign country): St. Louis, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: W.A.Julius Peters.
**13b. MOTHER'S MAIDEN NAME**: Henrietta W. Lampe.
**14. NAME OF HUSBAND OR WIFE**: ----------

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): ----------
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Miss Laura Mahl, 50 Jendale Court.

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes mellitus. — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs +

ANTECEDENT CAUSES — Cerebral Thrombosis. — 2 mos.

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

~~DUE TO (b)~~ Terminal respiratory infection — 3 days

~~DUE TO (c)~~

II. OTHER SIGNIFICANT CONDITIONS — gangrene of Toe.

*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**: Nov. 1951
**19b. MAJOR FINDINGS OF OPERATION**: Sympathectomy op.
**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): no
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** 260X

22. *I hereby certify that I attended the deceased from* Sep 18, 1951, *to* Feb 14, 1952, *that I last saw the deceased alive on* Feb 14, 1952, *and that death occurred at* 5.30 P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): C. Kleinschmidt MD
**23b. ADDRESS**: 508 N Grand Ave.
**23c. DATE SIGNED**: 2/16/52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Feb.18,1952.
**24c. NAME OF CEMETERY OR CREMATORY**: Oak Grove Mausoleum
**24d. LOCATION** (City, town, or county) (State): St. Louis County, Missouri.

**DATE REC'D BY LOCAL REG.**: FEB 18 1952
**REGISTRAR'S SIGNATURE**: J Carl Smith MD MJB
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Beiderwieden F.H.Inc. 1936 St.Louis Ave.

(Licensed Embalmer's Statement on Reverse Side)

2 to 4 P.M.
Ne. 9218

## 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 _____ Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

**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.