

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

22644

State File No.

FILED AUG 10 1954

BIRTH NO. _____ REG. DIST. NO. 105 PRIMARY REG. DIST. NO. 1433 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Union</u>		c. CITY OR TOWN <u>Union</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Home R. R.</u>		e. STREET ADDRESS (If rural, give location) <u>R. R. 0360</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Elise</u> c. (Last) <u>Peters</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 30 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>September 19 1858</u>	9. AGE (In years) (Month) (Day) (Hour) (Min.) <u>95 10 13</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Union Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Wm Mame</u>	13b. MOTHER'S MAIDEN NAME <u>Kiewitt</u>	14. NAME OF HUSBAND OR WIFE <u>Henry Peters</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Kriege</u>	ADDRESS <u>Union Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>		INTERVAL BETWEEN ONSET AND DEATH
	b. _____		
	c. _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypostatic Pneumonia</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Union Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 1940, to 7.30, 1954, that I last saw the deceased alive on 7.30, 1954 and that death occurred at 5 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. M. Serry</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Union Mo</u>	23c. DATE SIGNED <u>8-2-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/2/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. John Mantle</u>	24d. LOCATION (City, town, or county) (State) <u>Union, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-2-1954</u>	REGISTRAR'S SIGNATURE <u>F. T. Cooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. H. Ottmann</u>	ADDRESS <u>Union Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

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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.....
Signature of Student Embalmer

Signed..... *E. F. Ottmann*

Licensed Embalmer No. *1686*

P. O. Address *Union, N.J.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.