

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37145**

Registration District No. **784**

Primary Registration District No. **200**

Registrar's No. **1933**

NOV 9 1939

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jennings

(c) Name of hospital or institution:
5664 Helen Av.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 3 Yrs.
(years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Mo. (b) County _____

(c) City or town Jennings
(If outside city or town limits, write "RURAL")

(d) Street No. 5664 Helen Av.
(If rural, give location)

(e) If foreign born, how long in U. S. A. 35 Yrs in U.S. years.

3. (a) PRINT FULL NAME Rosa 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 Widwed

6. (b) Name of husband or wife Gustav

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 4 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

| | | | | |
|-------|--------|------|-----|------|
| Years | Months | Days | hr. | min. |
| 76 | 2 | 28 | | |

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

10. Usual occupation At home

11. Industry or business _____

12. Name Fred Geyer

13. Birthplace Germany _____
(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's own signature Daniel Heuser

(b) Address 5664 Helen

17. (a) Burial (b) Date thereof Nov 4 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director _____

(b) Address 1936 St. Louis

19. (a) NOV 2 1939 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1
year 1939 hour 8 minute 30 p. M.

21. I hereby certify that I attended the deceased from Aug 23
1939 to Nov 1 1939
that I last saw her alive on Nov 1, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma of liver

Due to _____

Due to _____

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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 H. F. Bergman (M. D. or other) top 2

Address 3720 Washington Date signed 11/2/39

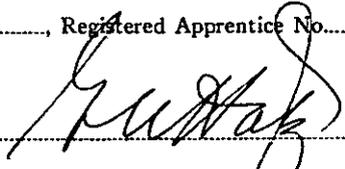
Mr. Benjamin
Benjamin B. B. B.
9 to 3 P.M.

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.....



Licensed Embalmer No. 3727

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, above space should be left blank.