DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 4 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10880

Registration District No. 297 | Primary Registration District No. 3016 | Registrar's No. 91

1. PLACE OF DEATH:

(a) County: Franklin.

(b) City or town: Washington, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days. (Specify whether years, months or days)

In this community 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri. (b) County: Franklin.

(c) City or town: Krakow, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. x (If rural, give location)

(e) If foreign born, how long in U. S. A.? x years.

3. (a) PRINT FULL NAME: 362 Mary Christina Peters.

3. (b) If veteran, name war: x

3. (c) Social Security No.: x

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Eugene F. Peters

6. (c) Age of husband if alive: 44 years

7. Birth date of deceased: July (Month) 16th. (Day) 1897. (Year)

8. AGE: Years 42 | Months 7 | Days 21 | If less than one day: hr. min.

9. Birthplace: Villa Ridge, Mo. R.F.D. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: House-wife.

11. Industry or business: x

FATHER 12. Name: John Altemueller. 0

FATHER 13. Birthplace: Krakow, Missouri. (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Dina Straatmann.

MOTHER 15. Birthplace: Villa Ridge, R.F.D. Missouri. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Eugene F. Peters

(b) Address: Krakow, Missouri.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof: Mar. 11, 1940. (Month) (Day) (Year)

(c) Place: burial or cremation: Krakow, Mo.

18. (a) Signature of funeral director: NIEBURG & VITT, Inc., by L. H. Vitt

(b) Address: Washington, Mo. 270

19. (a) Mar. 9-1940 (Date received local registrar) (b) H. A. May (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th. year 1940 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from Feb. 17th, 1940, to March 7th, 1940, that I last saw her alive on March 7th, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Decompensation	3 days
Due to: Chronic Myocarditis (Orig)	7 days
Due to: ~~Lobar Pneumonia~~ Partuition March 4th Baby died 1 hr. - 15 min. living.	18 days
Other conditions: Pregnant (7 months) (Include pregnancy within 3 months of death)	

Major findings: Of operations: 6 | 10 8

Of autopsy: none performed.

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? (e) Means of injury

23. Signature: Charles E. Sutton B.S. M.D. (M. D. or other) 1

Address: 1104 Oak St. Washington, Mo. Date signed March 9, 1940

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 Form 1 X19511

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.

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 Md Lester H. Witt, Registered Apprentice No. ....., working under my personal supervision.

Signed Lester H Witt

Licensed Embalmer No. 3254

P. O. Address Washington, Mo

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.