

No. 2
-4-41
17-38
X22590

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 26615
Registrar's No. 6407

REG. SEP 17 1941 791
Registration District No. _____

Primary Registration District No. _____

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:
3351a Missouri
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3351a Missouri
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Petersson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 3rd
year 1941 hour 11 minute 30 pp M.

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 March 23 1854
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 2
1941, to Aug 3rd 1941,
that I last saw her alive on Aug 2nd 1941,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
87 4 9 _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage Duration 2 days
Due to Chronic Myocarditis 1 year

9. Birthplace Missonni
(City, town, or county) (State or foreign country)
10. Usual occupation house work

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

11. Industry or business at home
12. Name Seberin Eckenseld
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant E. Lou Hettgen
(b) Address 9911 Brooks
17. (a) burial (b) Date thereof Aug-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Peter & Paul

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) Years of injury _____

18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.
19. (a) AUG - 5 1941 (b) J. L. Bredeck
(Date received local registrar) (Registrar's signature)

23. Signature Paul H. Konigsmann md (M. D. or other)
Address 3507 Paton Date signed Aug 4/41

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

000
17
249

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

Oliver E. Funder

Licensed Embalmer No. *4148*

P. O. Address *Jenny*

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.