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17-39
X28390

FILLED NOV 19 1941

Registration District No. 157

Primary Registration District No. 3036

Registrar's No. 206

1. PLACE OF DEATH:

(a) County St. Charles CO
(b) City or town St. Charles Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital
(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 MO (b) County St. Louis CO
(c) City or town Jennings MO
(If outside city or town limits, write "RURAL")
(d) Street No. 8927 Jennings Rd
(If rural, give location)
(e) Citizen of foreign country? Yes or No
If yes, name country

3. (a) PRINT FULL NAME Margarete Pegold

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Pegold 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased May 20 Th 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 ----- 4 --- 11 - - .hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Anton Jasper

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Margartaa Schuete

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant George Petzold

(b) Address 8927 Jenniga Road St. Louis CO

17. (a) Burial (b) Date thereof Nov. 3 D 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetary

18. (a) Signature of funeral director Edward Koch

(b) Address 3516 N 14 Th St. Louis MO

19. (a) 11-2-41 (b) Clarence S. Meader
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31
year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from Oct 11 1941 to Oct 31 1941
that I last saw her alive on Oct 30 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 2 wks.

Due to Arterio-sclerosis

Due to Diabetes Mellitus

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

Major findings: Of operations none

Of autopsy none

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature E. J. Carter (M. D. or other) D. M. D.
Address St. Charles, Mo Date signed 10/31/41

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

MOTHER FATHER

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 Harry J. Schumacher
Licensed Embalmer No. 2679

P. O. Address 732 Tomay Ferry

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.