. S. No. 2
M—9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19696

State File No.

FILED JUN 29 1942

Registration District No. 791

Primary Registration District No. 1002

Registrar's No. 5231

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17
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: 7030 Bancroft /
(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: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis 93
(If outside city or town limits, write "RURAL")

(d) Street No. 7030 Bancroft
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME KATIE JOEST

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Peter Joest

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

7. Birth date of deceased April (Month) 10 (Day) 1866 (Year)

8. AGE: Years 76 Months 2 Days 5 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Pfeil
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Fred Joest
(b) Address 7030 Bancroft

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/42 (Month) (Day) (Year)
(c) Place: burial or cremation Pinckneyville, Ill.

18. (a) Signature of funeral director [signature]
(b) Address 3013 Meramec

19. (a) JUN 17 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 14
year 1942 hour 2 35 minute A M.

21. I hereby certify that I attended the deceased from 6-10-, 1942, to 6-14, 1942
that I last saw her alive on 6-14-, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage Bi Lateral	
Due to	
Due to Hypertension	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature P B Cappel mo (M. D. ~~or other~~)

Address 3284 Lockhaven Date signed 6-17-42

(Licensed Embalmer's Statement on Reverse Side)

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 [signature], Registered Apprentice No. ....., working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 2906

P. O. Address 3013 Miramar

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.