

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 6 1942

Registration District No. _____

Primary Registration District No. 106

Registrar's No. 2257

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
337 W. Argonne
(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 St. Louis

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

(d) Street No. 337 W. Argonne
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gertrude Peters,

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28
year 1942 hour 6 minute 30 P.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Arthur Peters

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased: (Month) Dec (Day) 17 (Year) 1875

21. I hereby certify that I attended the deceased from Oct. 27 - 1942 to Oct. 28 1942
that I last saw her alive on Oct. 27 - 1942
and that death occurred on the date and hour stated above.

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

66 10 11 _____ hr. _____ min.

Immediate cause of death: Coronary Thrombosis Duration 3 1/2 hr.

9. Birthplace: Peoria Illa.
(City, town, or county) (State or foreign country)

Due to arteria-sclerosis

Due to _____

10. Usual occupation Housewife

Other conditions: Coronary Arteriosclerosis 3/19/42
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name Robert Clark,

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

14. Maiden name Annie Tunill

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

Major findings: Of operations g/a

Of autopsy _____

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

16. (a) Informant Mr. Arthur Peters,

(b) Address 337 W. Argonne Dr.

17. (a) Burial (b) Date thereof 10-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

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? _____

18. (a) Signature of funeral director Louis H. Bond Inc.

(b) Address Kirkwood, Mo.

19. (a) OCT 29 1942 (b) C. D. McArthur
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury ⊙

23. Signature W. L. ... (M. D. or other) _____

Address 300 N. ... Date signed 10/29/42

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

John M. Meyer

Licensed Embalmer No.

3085

P. O. Address

Werkwood, Ill

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.