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5-17-39  
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3513

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 21 1943

Registration District No. 1

Primary Registration District No. 200

Registrar's No. 95

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
residence-2315 Ashby Road  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether

In this community LIFE  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 2315 Ashby Road  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME MINNIE PERSTRUP

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 5. Color or face white

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

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

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

7. Birth date of deceased January 10 1884  
(Month) (Day) (Year)

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

59 0 8 hr. min.

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

10. Usual occupation at home

11. Industry or business.....

12. Name William Perstrup

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

14. Maiden name Wilhelmina Woelke

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Amelia Perstrup

(b) Address 2315 Ashby Road, St. Louis Co.

17. (a) burial (b) Date thereof 1-20-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C. R. Lupton " Sons

(b) Address 7253 Delmar Bly'd St. Louis

19. (a) JAN 20 1943 (b) C. R. Lupton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18 th  
year 43 hour 11 minute 25 P.M.

21. I hereby certify that I attended the deceased from Feb 12 1940 to Sept 1942  
that I last saw her alive on Sept. 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Coronary Occlusion

Due to..... Angina Pectoris 5

Due to.....

Other conditions chronic myocardial disease 35 yrs.  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations..... 93d

Of autopsy.....

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 Francis H Stewart (M. D. or other)  
Address 7161 Delmar St. Louis Mo Date signed Jan 19 1943

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

MOTHER FATHER

348  
21/43

JAN 21 1948

JAN 17 1948

Dr. Frances Stewart  
7161 Delmar Blv'd.  
PA-3268

**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 *Bradford A. Dules*  
Licensed Embalmer No. *2901*  
P. O. Address *University City - 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, fact should be so stated above.**

APR 10 1948