

FILED FEB 16 1948

Registration District No.

Primary Registration District No.

Registrar's No. 1085

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:
4327 West Clayton Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... 82 years (Specify whether
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. 4327 West Clayton Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Mary Peterbusch

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

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

6. (b) Name of husband or wife late Bernard Peterbusch 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased July 2nd, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 6 29 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

MOTHER FATHER { 12. Name Henry Knepper Germany 4
13. Birthplace..... (City, town, or county) (State or foreign country)
14. Maiden name Unknown Germany 4
15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Lake

(b) Address 4327 West Clayton Ave.

17. (a) Burial (b) Date thereof 2-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) FEB 2 1943 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31st.
year 1943 hour 3:40 AM minute M.

21. I hereby certify that I attended the deceased from Jan 15, 1943, to Jan 31, 1943
The last saw him alive on Jan 20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Due to carcinoma of the 2 yr.
bladder metastasis
to vaginal wall
Other conditions.....
(Include pregnancy within 3 months of death) bladder

PHYSICIAN
Major findings:
Of operations none
Of autopsy none
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 J. F. Braddock (M. D. or other)
Address 713 Metropolitan Date signed 2-2-43
Blady

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

Mr. Comment, Metro Bldg,
2:45 - 5 P.M. Jr 41 4/4

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis Ave.

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.