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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1943

Registration District No. 1

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 111

State File No. 7678

Registrar's No. 427 ~~1677~~

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 12
(c) City or town St. Louis, 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4541 Tholozan
(If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Frances Peters

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased May (Month) 17, (Day) 1890 (Year)

8. AGE: Years 52 Months 9 Days 1 If less than one day hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Frank Wiener
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred Peters
(b) Address 4541 Tholozan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 22 (Day) 43 (Year)
(c) Place: burial or cremation Old SS Peter & Paul Cem.

18. (a) Signature of funeral director Wacker Helderle Und. Co.
(b) Address 3634 Gravois Avenue

19. (a) FEB 22 1943 (Date received local registrar) (b) C. G. McKanan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18, year 1943 hour 3 minute 00 P.M.

21. I hereby certify that I attended the deceased from Feb 10, 1943, to Feb 18, 1943 that I last saw her alive on Feb 18, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver
Pancreatitis

Due to Gall bladder infection

Due to

Other conditions Splenitis, Chronic
(Include pregnancy within 3 months of death)

Major findings: Of operations as above

Of autopsy Same

Duration

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

23. Signature Phillip Stewart (M. D. or other)
Address Lester Bldg Ft Louis Mo Date signed 2-19/43

(Licensed Embalmer's Statement on Reverse Side)

JUN 25 1948

AUG 23 1945

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 Robert Crohler

Licensed Embalmer No. 2178

P. O. Address St Louis 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.