

Registration District No. **317**

Primary Registration District No. **2007**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6814 Waterman 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 _____ **Life** _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **University City**
(If outside city or town limits, write "RURAL")
(d) Street No. **6814 Waterman Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Ellenora Peters

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

3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Frank E. Peters**
6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased **October 31, 1882**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 6 17 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **William F. Goessling**

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

14. Maiden name **Caroline Biermann**

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

16. (a) Informant **Frank E. Peters**

(b) Address **6814 Waterman Ave.**

17. (a) **Burial** (b) Date thereof **May 21, 1943.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Cemetery**

18. (a) Signature of funeral director **Calvin F. Feutz Fun. Home**

(b) Address **4826 Natural Bridge Blvd.**

19. (a) **MAY 21 1943** (b) **C. G. M. Larry**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **18th**
year **1943** hour **7:05** minute **P.** M.

21. I hereby certify that I attended the deceased from **November 25, 1942** to **May 18th, 1943**
that I last saw her alive on **May 18th, 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary edema - congestive heart failure**

Due to **Chronic myocardial degeneration**

Due to _____

Other conditions **Acute hypoxia of tissues**
(Include pregnancy within 3 months of death) **hemiplegia due to cerebral thrombosis 8/25/42**

Major findings: _____

Of operations _____
Of autopsy **938**

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 R. Peters** (M. D. or other) **M.D.**
Address **5233 Watkinson Cr.** Date signed **5/19/43**

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

96
533

MOTHER FATHER

Duration
1 day
2 weeks
many years

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

No. *Frances A. (Wetley)*
5133 Waldman 4-6

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.....

John D. Melina....., Registered Apprentice No.....
working under my personal supervision.

Signed *John D. Melina*.....

Licensed Embalmer No. *4186*.....

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.