

S. No. 2
M-5-43
7-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40367**

FILED JAN 3 1944

318

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Registrar's No. **11467**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6220 Westminister Pl
(If rural, give location)

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

3. (a) PRINT FULL NAME Olivia 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 Charles H. Peters

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased February 27 1881
(Month) (Day) (Year)

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

62 9 22 _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business at home

12. Name George H. Brueggeman

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

14. Maiden name Alvina Woerheide

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

16. (a) Informant Chalres H. Peters

(b) Address 6220 Westminister Pl

17. (a) Burial (b) Date thereof Dec-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director A. Knox L & W. Co.

(b) Address 2707 N. Grand Blv'd

19. (a) DEC 21 1943 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19
year 1943 hour 7:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec 2, 1943, to Dec 19, 1943,
that I last saw her alive on Dec 19, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac failure

Due to mitral stenosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy as above

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? _____

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

23. Signature M. C. Abney (M. D. or other) _____

Address BARNES HOSPITAL Date signed 12/20/43

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

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.....

V E Morris

Licensed Embalmer No. *3360*

P. O. Address.....

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.