S. No. 2
M—2-43
v. 5-17-39
I X35697

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

27688

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 30 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 160 Primary Registration District No. 3029 Registrar's No. 214

1. PLACE OF DEATH:

(a) County JEFFERSON

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

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

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 25 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JEFFERSON

(c) City or town CRYSTAL CITY /
(If outside city or town limits, write "RURAL")

(d) Street No. 101 WALNUT
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME THERESA L. PEEBLES

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 Harry

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased SEPTEMBER 3, 1899
(Month) (Day) (Year)

8. AGE: Years 45 Months 10 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace CHICAGO (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business OWN HOME

FATHER
12. Name RUDOLPH KASTNER
13. Birthplace CHICAGO (City, town, or county) ILLINOIS (State or foreign country)

MOTHER
14. Maiden name NANCY L. COTTRON
15. Birthplace GLEN PARK, MISSOURI (City, town, or county) (State or foreign country)

16. (a) Informant Harry Peebles
(b) Address Crystal City, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 25, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation CRYSTAL CITY, MO

18. (a) Signature of funeral director Gentry R. Potette
(b) Address Crystal City, Missouri

19. (a) July 25, 1945 (Date received local registrar) (b) Virginia Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 21
year 1945 hour 8 minute 45A. M.

21. I hereby certify that I attended the deceased from ——, 19..., to July 21, 1945
that I last saw her alive on July 21, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	
Due to	
Due to	
Other conditions Bronchial asthma (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 930

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 Beulah Bolgar (M. D. or other)
Address Festus, Mo Date signed 7/21/45

1359 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9.

District File Number.....

Date Filed 8-29-45

NOV 16 1945

APR 17 1946

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 Geoffrey R. Pollitt

Licensed Embalmer No. 3481

P. O. Address Crystal 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.