

S. No. 2
M-8-43
v. 5-1
I 28782

FILED SEP 4 1945
Registration District No. 217

Primary Registration District No. 6076

Registrar's No. 2121

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 9/15

(c) City or town Lemay
(If outside city or town limits, write "RURAL")

(d) Street No. 921 Wachtel 0
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Gertrude Peer

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

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
year 1945 hour 11.55 minute..... P.M.

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Widow 7

6. (b) Name of husband or wife Alois

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

7. Birth date of deceased December 13 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 20 1945 to Aug 26 1945
that I last saw him alive on Aug 27 1945
and that death occurred on the date and hour stated above.

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

80 8 13 hr. min.

Immediate cause of death.....
Apoplexy
Arterio sclerosis
his betes Mellitus

Due to.....

Due to.....

Other conditions.....
61
(Include pregnancy within 3 months of death)

9. Birthplace Austria 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings:
Of operations.....

Of autopsy.....

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

11. Industry or business.....

12. Name Sulzer

13. Birthplace Austria 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Alois M. Peer

(b) Address 4437 Tennessee

17. (a) Burial (b) Date thereof 8/29/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter-Paul

18. (a) Signature of funeral director Jos. P. Fendler Jr.

(b) Address 7128 Michigan Ave.

19. (a) 8-30-45 (b) H. McFarland
(Date received local registrar) (Registrar's signature)

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) Means of injury.....

23. Signature A. W. Oster 0 (M. D. or other).....
Address..... Date signed.....

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

76
6
0

SEP 20 1945

STATEMENT BY LICENSED EMBALMER

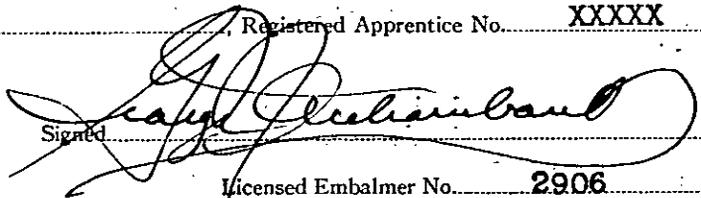
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. **XXXXX**

working under my personal supervision.

Signed



Licensed Embalmer No. **2906**

P.O. Address **7128 Michigan 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.