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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 29309

FILED SEP 21 1945

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 8095

**1. PLACE OF DEATH:**

(a) County

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

(c) Name of hospital or institution:
Masonic Home of Missouri 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 years (Specify whether years, months or days)

In this community same

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County

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

(d) Street No. 5351 Delmar Blvd.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Rebecca Persyn

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 widowed

6. (b) Name of husband or wife Theodore

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

7. Birth date of deceased March 8, 1870
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 75 | 6 | 5 | hr. min. |

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Benjamin F. Fields
13. Birthplace Scioto County, Ohio
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Jane Ralphsnyder
15. Birthplace Scioto County, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Rothe
(b) Address 5351 Delmar Blvd.

17. (a) Burial (b) Date thereof 9-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) SEP 17 1945 (Date received local registrar) (b) [signature] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 13th, year 1945 hour 7:05 minute P.M.

21. I hereby certify that I attended the deceased from September 11th, 1930, 19..., to Sept. 13th, 1945 that I last saw her alive on Sept. 13th, 1945 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death | |
| Due to Coronary-Thrombosis | 6days |
| Due to Hypertension | 3yrs. |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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 [signature] (M.D. or other)

Address 5087 N. Broad Date signed

(Licensed Embalmer's Statement on Reverse Side)

## 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 Albert G. Kappe

Licensed Embalmer No. 2971

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.**