

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32898**
Registrar's No. **2418**

Registration District No. **318**

Primary Registration District No. **1003**

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

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:
6447 West Park Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....**59 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State.....**Missouri** (b) County.....**000**

(c) City or town.....**St. Louis** **17**
(If outside city or town limits, write "RURAL")

(d) Street No. **6447 West Park Ave.** **9**
(If rural, give location) **0**

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

If yes, name country.....

3. (a) PRINT FULL NAME.....**Emma E Peters**

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex.....**F** / race.....**W**

5. Color or race.....**Wm.**

6. (a) Single, widowed, married, divorced.....**Widow 2**

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive.....**17 1888** years (Day) (Year)

7. Birth date of deceased.....**March 17 1888**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	5	17hr.min.

9. Birthplace.....**St. Louis Mo. (1)**
(City, town, or county) (State or foreign country)

10. Usual occupation.....**Book Binder**

11. Industry or business.....**Ross -Gould Co.**

12. Name.....**Hy Ellebrecht**

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

14. Maiden name.....**Katherine Meier**

15. Birthplace.....**Germany 4**
(City, town, or county) (State or foreign country)

16. (a) Informant.....**Anna Wagner**

(b) Address.....**6447 West Park Ave.**

17. (a) **burial** (b) Date thereof.....**9-6-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....**St. Peter's**

18. (a) Signature of funeral director.....**J. F. Schumacher**

(b) Address.....**3013 Me names**

19. (a) **SEP 4 1947** (b) **J. F. Schumacher**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....**Sept.** day.....**4**
year.....**1947** hour.....**1:12** minute.....**45 A.** M.

21. I hereby certify that I attended the deceased from **August 12**, 19**47**, to **Sept. 4**, 19**47**, that I last saw her alive on **September 4**, 19**47**, and that death occurred on the date and hour stated above.

Immediate cause of death.....**Diabetic coma** Duration **12 hrs.**

Due to.....**Diabetes Mellitus 61** **22 yrs.**

Due to.....

Other conditions.....**cardio-vascular disease**
(Include pregnancy within 3 months of death) **with Myo-cardial-vascular disease.**

Major findings:
Of operations.....

Of autopsies.....

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..... **0**

23. Signature.....**W. P. Simon** (M. D. or other)

Address.....**1115 Victoria St. Louis** Date signed.....**Sept. 4 '47**

PHYSICIAN

Underline the cause of which death should be charged statistically.

Del. Gr. 0078

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 Francis Williamson

Licensed Embalmer No. 3565

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.