S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

6541

State File No.

FILED MAR 4 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1826

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 3440 No. 11th st. (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 Missouri (b) County 600

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

(d) Street No. 3440 North 11th street (If rural, give location) 9

26 0

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

If yes, name country

3. (a) PRINT FULL NAME Louise Johannpeter

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased September (Month) 16th (Day) 1858 (Year)

8. AGE:

Years	Months	Days	If less than one day
89	5	5	hr. min.

9. Birthplace St. Charles (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housework

11. Industry or business None

FATHER
12. Name Herman Johannpeter
13. Birthplace Unk (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Elsie Beckemeyer
15. Birthplace Unk (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Wm LOPEZ

(b) Address 3440 N. 11 St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-48 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Suedmeyer & Sons

(b) Address 3934 No. 20th street

19. (a) FEB 24 1948 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21 year 1948 hour 2 minute 10 P M.

21. I hereby certify that I attended the deceased from Jan, 1948, to Feb 20, 1948 that I last saw her alive on Feb 20, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 Jos J Kessler (M. D. or other)

Address 3504 N 14th Date signed 2-23-48

Jefferson City Printing Co. (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 Neville B. Grolwetter

Licensed Embalmer No. 3696

P. O. Address 3934 N. 20th ST.

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.