

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

#86644
FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21220
Registrar's No. 5611

Registration District No. 318
Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME AMELIA PEES
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 JACOB PEES
6. (c) Age of husband or wife if alive DECEASED years
7. Birth date of deceased Oct 23 1845
(Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 29
If less than one day hr. _____ min. _____

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

10. Usual occupation HOUSEKEEPER

11. Industry or business OWN HOME

MOTHER FATHER
12. Name Unknown
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Amelia Bailey

(b) Address 6205 Elizabeth Ave / St. Louis, Mo

17. (a) Burial Date thereof June 25 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT HILL BELLEVILLE, MO

18. (a) Signature of funeral director Geo Renner
(b) Address Belleville, MO

19. (a) JUN 22 1948 (b) J. F. Bredeck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State ILLINOIS (b) County St. CLAIR 991
(c) City or town Belleville
(If outside city or town limits, write "RURAL")
(d) Street No. 1019 LA SALLE
Memorial (If rural, give location)
(e) Citizen of foreign country? N.R. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22nd
year 1948 hour 8 minute 00 A. M.
6/9/48

21. I hereby certify that I attended the deceased from June 22nd 1948
to June 22nd 1948
that I last saw h. er alive on June 22nd 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardiovascular Disease
Duration ?

Due to Uremia 1 wk
Arteriosclerotic Nephrosclerosis
Other conditions Multiple Decubiti 1 wk
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 121
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? _____

While at work _____ (Specify type of place)
(c) Manner of injury _____
23. Signature Joseph Co. Blaine
1715 Lafayette (Date signed) 6/22/48
Address _____

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.....

not embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Geo Renner

Licensed Embalmer No.....

2314

P. O. Address.....

Bellefonte, Pa.

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.