S. No. 2
M—5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35047

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2401

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town Overland, Mo.,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Res: 2315 Ashby Road,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis,
(c) City or town Overland,
(If outside city or town limits, write "RURAL")
(d) Street No. 2315 Ashby Road,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EMELIA PERSTRUP
3. (b) If veteran, name war No.
3. (c) Social Security No. 488-05-3729
4. Sex Female.
5. Color or race White.
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 decease January (Month) 19, (Day) 1889. (Year)
8. AGE: Years 59. Months 8. Days 26. If less than one day hr. min.
9. Birthplace Union, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation Sec'y: Real Estate.
11. Industry or business A.T. & Whitelaw Terry.

FATHER
12. Name William Perstrup.
13. Birthplace (City, town, or county) Germany. (State or foreign country)

MOTHER
14. Maiden name Wilhelmina Woelke.
15. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Miss Laura Perstrup.
(b) Address 2315 Ashby Road,
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 10/16/48. (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery.
18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address #7233 Delmar Blv'd.
19. (a) 10-15-48 (Date received local registrar) (b) Ceil A. Z. Gray MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15th, year 1948. hour 4:40 minute A. M.
21. I hereby certify that I attended the deceased from February 3, 1945, to decease, 19..; that I last saw her alive on October 15th, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized carcinoma	
Due to Carcinoma of breast	3 yrs.
Due to 50	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Adenocarcinoma of left breast - operation, 2/7/45
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 G. Kilhause (M.D. or other)
Address 3720 Washington Blvd. Date signed 10/15/48

(Licensed Embalmer's Statement on Reverse Side)

Dr G. L. Krause.
3720 Washington Blv'd.,
JE: 6111.
Hrs.. 2 - 4.

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 Clarence H. Murray

Licensed Embalmer No. 4011.

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.