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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 24 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38527

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9840

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: 3021a Keokuk 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 Osw

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

(d) Street No. 3021a Keokuk St., (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ida A. Peters,

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 William C. Peters,

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

7. Birth date of deceased October (Month) 27, (Day) 1873 (Year)

8. AGE: Years 75 Months -0- Days 14 If less than one day hr. min.

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

10. Usual occupation At Home,

11. Industry or business

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

MOTHER
14. Maiden name Wilhelmina Zwick,
15. Birthplace New Orleans, (City, town, or county) Louisiana (State or foreign country)

16. (a) Informant Charles P. Guth,
(b) Address 3021a Keokuk St.,

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 11/15/48 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cemetery,

18. (a) Signature of funeral director Gebken-Benz Mortuary.
(b) Address 2842 Meramec St.,

19. (a) NOV 12 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11th year 1948 hour 8:45 minute P. M.

21. I hereby certify that I attended the deceased from July 26th, 1948, to Nov. 11th, 1948; that I last saw her alive on Nov. 9th, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Heart and Kidney Disease	3 Mo.
Due to: Acute attack from a Chr Condition	
Due to:	
Other conditions: Arteriosclerosis (Include pregnancy within 3 months of death)	1 yr.

Major findings:
Of operations no
Of autopsy no

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 W. H. Nallee M.D. (M. D. or other)
Address 3608 S. Grand Blvd., Date signed 11/12/48

(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 me, Registered Apprentice No., working under my personal supervision.

Signed Joe B. Berg

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St., St. Louis, 18, 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.