

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42844

State File No. 10618

318

1003

WRITE PLAINLY IN PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>		c. LENGTH OF STAY (In this place) <u>7-11-49</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Infirmary Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>5696 Kingsbury Place</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>			b. (Middle) _____		c. (Last) <u>Peoples</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 11, 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 2, 1870</u>		9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR Months <u>5</u> IF UNDER 24 HRS. Days <u>9</u> Hours Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>W. Va., near Charleston</u>		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <u>Patrick Duffy</u>			13b. MOTHER'S MAIDEN NAME <u>Frances Elizabeth McConihay Grant M. Peoples</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Grant M. Peoples, 5696 Kingsbury Plc.</u>				ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio sclerotic Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arterio sclerosis</u>				<u>Many Years</u>	
				DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Arteriosclerosis</u>				<u>2 years</u>	
18a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. ANESTHESIA? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
						21f. HOW DID INJURY OCCUR? <u>H2O</u>			
22. I hereby certify that I attended the deceased from <u>Jan 11</u> , 19 <u>49</u> , to <u>Dec. 11</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec. 11</u> , 19 <u>49</u> , and that death occurred at <u>10:05 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Christa P. Krag, M.D.</u> (Degree or title)				23b. ADDRESS <u>5600 Arsenal St, St Louis</u>		23c. DATE SIGNED <u>11 Dec 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/13/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery,</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>DEC 12 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lester</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ambruster Mortuary, 6633 Clayton Rd.</u>				

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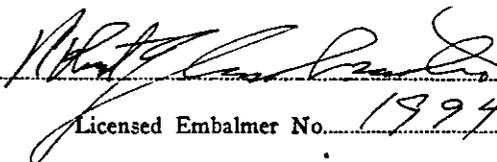
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed  \_\_\_\_\_  
Licensed Embalmer No. 1994

P. O. Address \_\_\_\_\_

**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.**