No. 306
10.48

FILED JUL 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21093

BIRTH NO. _____ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6047 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: St Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Flint Hill Cuirke
c. LENGTH OF STAY (In this place): 64 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: St Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Flint Hill 19221
d. STREET ADDRESS (If rural, give location): 8

3. NAME OF DECEASED (Type or Print): a. (First) Adrena b. (Middle) Marie c. (Last) Peters

4. DATE OF DEATH (Month) June (Day) 18 (Year) 1951

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Jan 25 1861

9. AGE (In years last birthday) 90 — IF UNDER 1 YEAR: Months 4 Days 24 — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Cappeln

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Ernest Eddermann

13b. MOTHER'S MAIDEN NAME: Caroline Beckemeier

14. NAME OF HUSBAND OR WIFE: Edward Peters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓

16. SOCIAL SECURITY NO. ✓

17. INFORMANT'S SIGNATURE OR NAME Catherine Peters **ADDRESS** Flint Hill Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: ___

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yrs
DUE TO (c) Hypertension — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
443X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 17, 1951, *to* June 18, 1951, *that I last saw the deceased alive on* June 18, 1951, *and that death occurred at* 12:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE W E Bargesen (Degree or title) D.O.
23b. ADDRESS Wentzville, Mo.
23c. DATE SIGNED 6-19-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 21-51
24c. NAME OF CEMETERY OR CREMATORY Linn
24d. LOCATION (City, town, or county) Wentzville (State) Mo

DATE REC'D BY LOCAL REG. 6/29/51
REGISTRAR'S SIGNATURE [illegible]

25. FUNERAL DIRECTOR'S SIGNATURE T.E. Pitman **ADDRESS** Funeral Home Wentzville Mo
(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUL -8 1951
DISTRICT HEALTH OFFICE No. 4
File No. .....

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 Annetta M. [illegible]

Licensed Embalmer No. 3055

P. O. Address Kentzville M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.