

20 NOV 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33254

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 930

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| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Louisiana</u> b. COUNTY <u>Jefferson Davis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Jennings</u> | |
| c. LENGTH OF STAY (in this place) <u>17 days</u> | | d. STREET ADDRESS (If rural, give location) <u>7030 N Cutting Ave</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns</u> | | | |

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|-------------------------------------|-------------------------|----------------------------|-------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Maude</u> | b. (Middle) <u>Jaenkes</u> | c. (Last) <u>Peters</u> | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | <u>10 28 1951</u> |

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|----------------------|-------------------------------|--|---------------------------------------|---|------------------------|------------------------|-----------------------|
| 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>June 19, 1892</u> | 9. AGE (In years last birthday) <u>59</u> | IF UNDER 1 YEAR Months | IF UNDER 12 HRS. Hours | IF UNDER 15 MIN. Min. |
|----------------------|-------------------------------|--|---------------------------------------|---|------------------------|------------------------|-----------------------|

| | | | |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | 11. BIRTHPLACE (State or foreign country) <u>Jennings La.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> |
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| 13a. FATHER'S NAME <u>Frank R. Jaenke</u> | 13b. MOTHER'S MAIDEN NAME <u>Dorthy C. (?)</u> | 14. NAME OF HUSBAND OR WIFE <u>W. C. Peters</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>NO</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Walter C Peters Jr, Jennings, La.</u> | ADDRESS |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephalomalacia secondary to Cerebral thrombosis</u> | | |
| | ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) <u>Diabetes Mellitus</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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|---|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from Oct. 18, 1951, to Oct 28, 1951, that I last saw the deceased alive on Oct 28, 1951, and that death occurred at 10:00P m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>W. D. Paul, M.D.</u> | 23b. ADDRESS <u>609 Cherry, Jennings, La.</u> | 23c. DATE SIGNED <u>10/29/51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>5</u> | 24b. DATE <u>10/29/51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Jennings, Louisiana</u> |
|--|---------------------------|--|--|

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|--|--|---|-------------------------------------|
| DATE REC'D BY LOCAL REG. <u>10-29-51</u> | REGISTRAR'S SIGNATURE <u>M. E. Handley</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Lohmeyer</u> | ADDRESS <u>Springfield Missouri</u> |
|--|--|---|-------------------------------------|

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

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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

Bernard F. Wright

Licensed Embalmer No. *4293*

P. O. Address *Springfield, 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.