

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 12 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

9188  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**

(b) Township ..... Primary Registration District No. **1008**

(c) City **St. Louis** (d) Street No. **3321 S. 13th. St** St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **John J. Peetz**

(a) Residence, No. **3321 S. 13th. St** St. **24** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Josephine Peetz**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. **About 61**

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired**

9. Industry or business in which work was done, as saw mill, bank, etc. **Retired**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

FATHER

13. NAME **Fred W. Peetz**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER

15. MAIDEN NAME **Margaret Mackey**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT **Josephine Peetz** (ADDRESS) **3321 S. 13th. St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **March 30 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Peetz brothers** **3029 Lafayette Ave**

20. FILER **J. B. Peetz** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 27 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 27 1938** to **March 27 1939**

I last saw him alive on **3/27 1939**. Death is said to have occurred on the date stated above, at **4:05 P.M.**

The principal cause of death and related causes of importance were as follows:

**Thrombus of Coronary Artery**

**Myocarditis, chronic**

**Hypertension**

Other contributory causes of importance:

Date of onset **10/38**

**93C**

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify .....

(Signed) **E. H. Simpson** M.D.

(Address) **3739 Grand Ave**

MAR 29 1939

**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 *Howard G. Rowland*

Licensed Embalmer No. *3114*

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, above space should be left blank.**