

REC'D MAY 10 1939

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

1003

12925

Do not use this space.

3267

1. PLACE OF DEATH

(a) County 3 Registration District No. 1003
 (b) Township 1 Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. 921 Registered No. 3267
 (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

362 Clarence Joseph Peters
 (a) Residence, No. 821 Chambers St. 26
 (Usual place of abode, if no street address, write county or city) (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 Sadie Peters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1896

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
42 9 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. W. P. A.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Ellis Grove
 (STATE OR COUNTRY) Illinois

FATHER 13. NAME Christian Peters

14. BIRTHPLACE (CITY OR TOWN) Chester
 (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Mary Miller

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

17. INFORMANT John Peters - Brother
 (ADDRESS) 821 Chambers, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE National Cemetery DATE April 10, 1939

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co.
 (ADDRESS) 7814 S. Broadway, St. Louis, Mo.

20. FILED APR 7 1939
J. B. Buder Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from
 , 19... to... , 19...

I last saw h. alive on....., 19... Death is said

to have occurred on the date stated above, at 3:25 P.M.

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

Primary Sclerosis
95 to 2
 Date of onset

Other contributory causes of importance:

Chronic Gonorrhea
(on Provis)
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? No

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) Joseph M. Quinn

(Address) Deputy Coroner

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Linus C Hoffmeister....., Licensed Embalmer No. 3871

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Linus C. Hoffmeister.....

Licensed Embalmer No. 3871.....

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.)