

NOV 13 1939
Registration District No. 791
1003

Primary Registration District No. _____

Registrar's No. 8401

1. PLACE OF DEATH:

(a) County 1
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 1 Week
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 2012 O'Bear Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Ben August Peters 3122

3. (b) If veteran, name war _____ 3. (c) Social Security No. 494-05-7176

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Catherine 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July 8 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>2</u>	<u>22</u>	_____ hr. _____ min.

9. Birthplace Krakow Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Landis Shoe Machinery Co

12. Name Leo Peters

13. Birthplace Washington Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Riegal

15. Birthplace Krakow Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Eleanor A. Peters

(b) Address 2012 O'Bear Ave

17. (a) Burial (b) Date thereof 10-2-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Bl.

19. (a) OCT 2 1939 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 30th
76 year 1939 hour 6 minute 50 pm m.

21. I hereby certify that I attended the deceased from Sep't 21, 1939, to Sep't 30th, 1939;
that I last saw him alive on September 30, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Suppurative
nepleritis
no stones

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (b) Means of injury _____

23. Signature J. E. Von Kessel (M. D. or other) _____

Address City Hospital Date signed _____

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

8404
F078
F078

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 *J. G. Sullivan*
Licensed Embalmer No. *1122*

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, above space should be left blank.