

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **1243**

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5034 Nottingham Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Mary Peters

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Late Chris Peters 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 29 1861
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>78</u>	<u>10</u>	<u>8</u>	hr. _____ min.

9. Birthplace Columbia Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown Jung

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

14. Maiden name Catherine Kline

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

16. (a) Informant's own signature Robert Peters

(b) Address 5034 Nottingham Ave.

17. (a) Burial (b) Date thereof 2-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway

19. (a) FEB 7 1940 (b) [Signature]
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5034 Nottingham Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6th
 year 1940 hour 12 minute 50 P. M.

21. I hereby certify that I attended the deceased from Jan 11, 1934, to Feb 6, 1940
 that I last saw him alive on June 6, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic
 Due to Hypertension Chronic
Myocarditis Chronic
arteriosclerosis
 Duration 6 yrs to my knowledge

Other conditions Transtrousa (Broncho) Jan 1940
(Include pregnancy within 5 months of death)

Major findings: Of operations _____
 Of autopsy _____
 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? _____

23. Signature [Signature] (M. D. or other) _____
(Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other) _____
 Address 1115 Paul Street Date signed Feb 6 1940

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.

MOTHER FATHER

Dr. Warner
Paul Brown Bldg.

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..... *Edwin M. Alexander*
Licensed Embalmer No..... *3024*
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.