

FILED OCT 25 1940

No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30589

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7866

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Little Sisters of the Poor
(If not in hospital or institution, write street number or location)
(d) Length of stay: 3400 GRAND BLVD 3
In this community _____
years, months or days (Specify whether)

8. (a) PRINT FULL NAME Joseph Peters
8. (b) If veteran, name war no 8. (c) Social Security No. none

4. Sex Male 5. Color or race Wht. 6. (a) Single, widowed, married, divorced Wid,
6. (b) Name of husband or wife Anna Peters 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased ABOUT 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
ABOUT 76 UNKNOWN _____ hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Tinner

11. Industry or business Casket Co.

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant George Peters
(b) Address 3017 Texas Ave.

17. (a) Burial (b) Date thereof Sept. 23, 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director Walter Meydell
(b) Address 1926 Allen Ave.

19. (a) SEP 21 1940 (b) J.D. Bucher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis, Mo. 34
(If outside city or town limits, write "RURAL")
(d) Street No. 3011 Texas Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19
year 1940 hour 6 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept 17 to Sept 19, 1940
that I last saw him alive on Sept 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerotic
Cerebral thrombosis

Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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) (e) Means of injury _____
23. Signature J.D. Bucher M. D. or other _____
Address 3011 Texas Ave. Date signed 9/20/40

Duration 7 yr
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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

Benny C. Duncan

Licensed Embalmer No.

1272

P. O. Address

1926 Allen

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.