

791 STANDARD CERTIFICATE OF DEATH

34153

State File No.

8850

Registrar's No.

NOV 16 1940

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:
5520 Dewey
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")
 (d) Street No. 5520 Dewey
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME William L. Peltz

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-10-4024

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

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

7. Birth date of deceased September 10 1899
(Month) (Day) (Year)

8. AGE: Years 41 Months 1 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Accountant

11. Industry or business _____

MOTHER FATHER { 12. Name Henry G. Peltz

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

14. Maiden name Pauline Bolz

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

16. (a) Informant Mildred Peltz

(b) Address 5520 Dewey

17. (a) Burial (b) Date thereof Oct. 28, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cem.

18. (a) Signature of funeral director Frank Ziegenhain & Sons

(b) Address 7027 Gravois Ave.

19. Oct 28 1940 (b) _____
(Date of registration) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24
 year 1940 hour 11:55 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage, due to gunshot wound of head, self inflicted, at his home, 5520 Dewey Ave., Oct. 24, 1940, about 11:00 P.M.

Other conditions: H.M.
(Include pregnancy within 3 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) Suicide

(b) Date of occurrence Oct. 24, 1940

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

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

While at work? _____
(Specify type of place) (e) Means of injury 5

23. Signature Joseph M. ... (M. D. or other)

Address ... Date signed _____

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

E. P. Kidwell

Licensed Embalmer No.

3877

P. O. Address

7027 Grand

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.