

No. 2
4-13-40
5-17-39
I 223159

MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13966**

Registration District No. **35** Primary Registration District No. **1001** Registrar's No. **447**

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution:
624 North 5th Street
(d) Length of stay: In hospital or institution 14 years
In this community 14 years

3. (a) PRINT FULL NAME Edward Milton Peters
(b) If veteran, name war _____ (c) Social Security No. None

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Ollie 6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased July 25 1860

8. AGE: Years 80 Months 8 Days 26 If less than one day hr. _____ min. _____

9. Birthplace Preble County Ohio

10. Usual occupation Dealer

11. Industry or business Hardware and Lumber

MOTHER FATHER { 12. Name Joseph Peters
13. Birthplace Unknown Ohio
14. Maiden name Rebecca Redick
15. Birthplace Unknown Ohio

16. (a) Informant Mrs. Etha Wells
(b) Address 624 North 5th, St. Joseph, Mo.

17. (a) burial (b) Date thereof April 23, 1941
(c) Place: burial or cremation Long Branch Cemetery

18. (a) Signature of funeral director Walter Meierhoff
(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) Apr 22 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 624 North 5th Street
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 21 year 1941 hour 1 minute 30 a.m.
21. I hereby certify that I attended the deceased from Apr 20 to Apr 20 1941 that I last saw h. im alive on Apr 20 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to arteriosclerotic
Due to hypertension
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: Of operations _____
Of autopsy none
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature [Signature] (M; D. urother) [Signature]
Address Superior Bldg Date signed 4/22/41

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.....

O. J. Ester

Licensed Embalmer No. Mo. 4154

P. O. Address St. Joseph, Missouri

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, fact should be so stated above.