

FILED OCT 28 1941

Registration District No. 784

Primary Registration District No. 200

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Normandy Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mother of Good Counsel Home 5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 22 days  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME Josephine Peters

3. (b) If veteran, name war \*\*\*\*\* 3. (c) Social Security No. \*\*\*\*\*

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

6. (b) Name of husband or wife Frank F. Peters 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased September 18 1860  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day hr. min.
	<u>81</u>	<u>0</u>	<u>29</u>	

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

10. Usual occupation Nil

11. Industry or business

12. Name Fleming Amyx  
13. Birthplace Virginia (City, town, or county) (State or foreign country)  
14. Maiden name Amelia DeLome  
15. Birthplace Switzerland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Alden Chase  
(b) Address 5230 Devonshire

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Oct 20 1941  
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) OCT 18 1941 (Date received local registrar) (b) H. M. Gowan M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 5230 Devonshire Ave (If rural, give location) 9  
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17th day October  
year 1941 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from 1-3-36  
1936 to 10-17-41 1941;

that I last saw her alive on 10/17/41 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

(1) Cerebral hemorrhage. 1/3/36 first attack  
Due to (hemiplegia)  
(2) Pharyngeal edema. (2 yrs) 7/16/41 2nd attack  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 5 months of death)

Major findings: Of operations X 900 PHYSICIAN \_\_\_\_\_

Of autopsy \_\_\_\_\_ 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) (e) Means of injury 0

23. Signature H. C. Gowan (M. D. or other) \_\_\_\_\_  
Address 4522 S. Kings Highway Date signed 10/18/41

*No. 1151*  
*4023 811*  
*W. J. [unclear]*

**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 *Frank J. Owens*

Licensed Embalmer No. *2244*

P. O. Address *St. Louis Mo*

**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.**