

FILED SEP 18 1942

State File No.

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7419**

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3102 North Taylor 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)

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. 3102 No. Taylor Ave 9 10
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME LOUIS PETERS

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

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

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

7. Birth date of deceased February 16th, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 6 18 hr. min.

9. Birthplace Little Rock, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation House Detective

11. Industry or business Claridge Hotel

MOTHER FATHER { 12. Name Louis Peters

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

14. Maiden name Mary (unknown)

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

16. (a) Informant Mrs. Johanna Peters-wife

(b) Address 3102 No. Taylor

17. (a) Burial (b) Date thereof 9-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Valhalla Cemetery

18. (a) Signature of funeral director Sullivan Undertakers

(b) Address 2849 No. Euclid Ave

19. (a) SEP 4 1942 J. J. Bredak
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 4th
year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from August 7 1942 to Sept 4 1942
that I last saw him alive on Sept 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death..... Chronic myocarditis Duration 2 yrs

Due to..... 93
Due to..... 11 17

Other conditions Endenteritis obliterans 3 yrs
(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).....
(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?

(Specify type of place)
While at work?..... (e) Means of injury.....
23. Signature Bigene L Arnold (M. D. or other) MD
Address 1449 MF Laran Date signed 9/4/42

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

Dr. Arnold

Mc Laren and Riverview

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.....

Albert Mayfield

Licensed Embalmer No.....

3047

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, fact should be so stated above.