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17-39  
X35697

FILED JAN 20 1944 8

Registration District No.

Primary Registration District No.

1003

State File No.

Registrar's No.

12039 ✓

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 St. Louis City Hospital  
Max C. Starkloff Memorial  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 78 days  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County ST. CLAIR  
(c) City or town..... BELLEVILLE  
(If outside city or town limits, write "RURAL")  
(d) Street No. 415 SCHERB  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 2.

3. (a) PRINT FULL NAME

Paul Peters

3. (b) If veteran, name war

3. (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 ANNA PETERS 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased SEPT 29 1918  
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 1 If less than one day  
hr. min.

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

10. Usual occupation MINER

11. Industry or business COAL MINE

MOTHER, FATHER

12. Name UNKNOWN  
13. Birthplace 9  
(City, town, or county) (State or foreign country)  
14. Maiden name 9  
15. Birthplace 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Peters

(b) Address Belleville, Ill.

17. (a) Removal (b) Date thereof 12-30-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville, Ill.

18. (a) Signature of funeral director W. Gardner  
(b) Address Belleville, Ill.

19. (a) DEC 21 1943 (b) J. F. Busch  
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30  
year 1943 hour 5:50 minute P M.

21. I hereby certify that I attended the deceased from October 14 1943 to December 30 1943;  
that I last saw him alive on December 30 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to.....

Due to.....

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

Major findings:  
Of operations.....

Of autopsy.....

Duration  
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?

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

23. Signature: L. Krugnikoff (M. D. or other)  
Address: 1515 Lafayette Ave. Date signed: 12/31/43

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

12039

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed not embalmed or by

working under my personal supervision.

Registered Apprentice No. ....

Signed.....

Licensed Embalmer No.....

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.**