

No. 2
4-5-43
5-17-39
I X36671

State File No.

FILED APR 6 1945

1003

Registrar's No. 2699

Registration District No. 318 Primary Registration District No.

1. PLACE OF DEATH:
 (a) County St. Louis Mo
 (b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 5052 Milentz Ave Melentz Ave
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County 000
 (c) City or town St. Louis 17 2
(If outside city or town limits, write "RURAL")
 (d) Street No. 5052 Milentz Ave 9
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country.

3. (a) PRINT FULL NAME Peter Todt
 3. (b) If veteran, name war. No
 3. (c) Social Security No.

4. Sex Male / 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Angela
 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased April 29 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	10	25	hr. min.

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

10. Usual occupation Clerk
 11. Industry or business Old St. Peter Paul Cem

MOTHER FATHER
 12. Name Casper Todt
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Anna Ruhrmann
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Angela Todt
 (b) Address 5052 Milentz Ave

17. (a) Burial (b) Date thereof 3 27 45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Old St. Peter Paul Cem

18. (a) Signature of funeral director KRIEGSHAUSER
 (b) Address 4228 So. Kingshighway

19. (a) APR 26 1945 (b) J. F. Bedesek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
 year 1945 hour 4.10 PM minute M.

21. I hereby certify that I attended the deceased from Jan 12th 1942 to 3/24 1945
 that I last saw him alive on 3/23/ 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death
 Disease of coronary Arteries 1942 +
 Due to Chronic myocarditis 1942 +
 Due to Arteriosclerosis 1942 +

Other conditions (include pregnancy within 3 months of death)
 92

Major findings:
 Of operations
 Of autopsy

Duration
 1942 +
 1942 +
 1942 +
 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) (Means of injury)
 23. Signature Hubert P. Smith (M. D. or other)
 Address 5205 1/2 Chaffin St Date signed 3/26/45

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

Dr Smith

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 *Edwin D Mc Dermott*

Licensed Embalmer No. *3024*

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.