

S. No. 2  
M-5-43  
V. 5-17-39  
I X36671

**FILED DEC 12 1945**  
Registration District No. **310**

Primary Registration District No. **3058**

Registrar's No. **162**

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

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Joseph Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether years, months or days) \_\_\_\_\_ (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town St. Charles  
(If outside city or town limits, write "RURAL")

(d) Street No. 405 Lindenwood  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Fred Peters

3. (b) If veteran, name war NIL

3. (c) Social Security No. 488-16-7356

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Emma (Tayon) Peters  
(deceased)

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 17, 1863  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>11</u>	<u>11</u>	hr. min.

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

10. Usual occupation retired

11. Industry or business \_\_\_\_\_

MOTHER, FATHER

12. Name John, Peters

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

14. Maiden name unknown

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

16. (a) Informant Edward Peters

(b) Address 130 N. Benton-St. Charles, Mo.

17. (a) burial (b) Date thereof Oct 31-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles, Mo.

18. (a) Signature of funeral director H. C. Dillmeyer & Sons

(b) Address 800 N. 2nd-St. Charles, Mo.

19. (a) 10/31-45 (b) Emst L. Paule  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28th day October year 1945 hour 2:45 minute A.M.

21. I hereby certify that I attended the deceased from Feb 1944 to Oct 28 1945 that I last saw him alive on Oct 27 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Asystolia - inanition, arterio sclerosis, cystitis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature Venerio A. Scherzberg (M. D. or other) MD  
Address St Charles, Mo. Date signed 10-30-45

Duration 2 mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

1340

MAR 9 1945

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed

12-11-45

DEC 19 1945

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

John E. Dallmeyer

Licensed Embalmer No.

295-1

P. O. Address.....

St. Charles 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.