

FILED **Aug 10 1946**

Registration District No. **34410** Primary Registration District No. **6076**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Millers Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 8149 Gravois
(If rural, give location)

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

3. (a) PRINT FULL NAME Herman Peper

3. (b) If veteran, name war None

3. (c) Social Security No. 490-05-2568

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30, year 1946 hour 6:30 AM minute _____ M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Minnie Peper

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

7. Birth date of deceased February 28, 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1 - 46, 19____, to Aug 30, 1946, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>6</u>	<u>2</u>	hr. _____ min. _____

Immediate cause of death Carcinoma of esophagus & stomach (Cancer)

Due to Cancer

Due to 466

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

10. Usual occupation Retired

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER

12. Name Fred Peper

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

14. Maiden name Mary Rohaske

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

16. (a) Informant Mrs Aloys P. Spack

(b) Address 7741 Arthur Ave

17. (a) Burial (b) Date thereof 9/2/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) 9-246 (b) P. J. Allen
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

Signature W. H. Walters MD (M. D. or other) _____

Address 3608 S. Grand Date signed 8/30/46

2010 1/2 1/2 1/2

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.....

Gustav W. Dietel

Licensed Embalmer No. *4329*

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.