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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2977

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 121

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:
Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109

(c) City or town Dutzow
(If outside city or town limits, write "RURAL")

(d) Street No. NRO
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joseph J. Peters

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna A. Peters

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased July (Month) 5 (Day) 1893 (Year)

8. AGE: Years 53 Months 5 Days 29 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name August Peters

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

14. Maiden name Ida Reuther

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

16. (a) Informant Louis Peters

(b) Address Marthasville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/47 (Month) (Day) (Year)

(c) Place: burial or cremation Dutzow, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.,

19. (a) JAN 6 1947 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4th year 1947 hour 2 minute P M.

21. I hereby certify that I attended the deceased from 12-31-46 to 1-4-47, that I last saw him alive on 1-4-47, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of right upper jaw,	8 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Massive carcinoma invading orbit, ethmoids and antrum. Operated 1-4-47. Died 2 hrs later.

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 Gladest Sherwin (M. D. or other)

Address 3720 Washington Blvd. Date signed 1/4/47

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4053

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.