

No. 2  
-1/47  
5-17-39

28498  
1394

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28498  
1394  
Registrar's No.

National Office of Vital Statistics  
FILED SEP 7 1948 317  
Registration District No. 317

Primary Registration District No. 3068

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7209 Lanham Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7209 Lanham Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Arthur E. Peetz  
3. (b) If veteran, name war World War 2  
3. (c) Social Security No. 498-01-1933

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased October 28 1917  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
30 10 23  
hr. min.

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

10. Usual occupation Accounting Clerk

11. Industry or business  
12. Name Edward Peetz  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Florence Bauchens  
15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Peetz  
(b) Address 7209 Lanham Ave. Maplewood

17. (a) Cremation (b) Date thereof 8/24/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Louis H. Bopp, Inc.  
(b) Address 131 W. Argonne Dr., Kirkwood

19. (a) 8-24-48 (b) Cecil A. Sharp, Jr.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23  
year 1948 hour 01 minute 18 P. M.

21. I hereby certify that I attended the deceased from July 29, 1948, to August 23, 1948,  
that I last saw him alive on August 23, 1948  
and that death occurred on the date and hour stated above.  
Duration

Immediate cause of death Sarcoma of Right Knee 6 months

Due to JTB

Due to  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause of 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 Vincent J. Forman (M. D. or other) MD  
Address 3101 Suller Ave Maplewood Date signed 8-23-48

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

3068

1394

**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.....

*Felix Elwood*

Licensed Embalmer No. 3034

P. O. Address Kindwood 22 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.