

FILED SEP 24 1948

Registration District No. 905

Primary Registration District No. 6047

State File No. \_\_\_\_\_

Registrar's No. 18

1. PLACE OF DEATH:

(a) County St. Charles  
(b) City or town Foristell  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community seven years  
years, months or days)

3. (a) PRINT FULL NAME George William Peters

3. (b) If veteran, name war No  
3. (c) Social Security No. 499-12-2788

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hilda Peters  
6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 19, 1870  
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 27  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Labor

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

12. Name George Peters

13. Birthplace St. Charles, Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Francis Brown

15. Birthplace St. Charles, Co. Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Hilda Peters  
(b) Address Foristell, Mo.

17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Miss Muehling  
(b) Address Wentzville, Mo.

19. (a) 9/19/48 M.F. P. H. H. H.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Charles  
(c) City or town Foristell  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15th  
year 1948 hour 6:25 minute A. M.

21. I hereby certify that I attended ~~the deceased~~ held inquest  
Sept, 16-48, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Crushed chest & skull fracture

Due to Wabash train hitting car

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

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

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

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: accident

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Sept, 15, 1948

(c) Where did injury occur? Foristell St., Charles Co  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Industrial

While at work? No (Specify type of place) Crushed skull, chest  
(e) Means of injury

23. Signature Miss Muehling  
Address Wentzville, Mo. Date signed 9-16-48

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

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed SEP 23 1948

FEB 7 1957

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.....

Harward O Kensler, Registered Apprentice No. 201  
working under my personal supervision.

Signed Mavis Mueschling

Licensed Embalmer No. 2469

P. O. Address Wentzville

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.