

5-43
17-39
X3667

FILED OCT 23 1948

Registration District No. _____ Primary Registration District No. **3069**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton Richmond (Mo)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hosp. (Mo)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 3 weeks
years, months or days

3. (a) PRINT FULL NAME Mathias Peters

3. (b) If veteran, name war no

3. (c) Social Security No. 494-26-3001 A

4. Sex Male (M) 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 8 - 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75	7	6	hr. _____ min.
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9. Birthplace Nameski Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Iron Helper

MOTHER FATHER

12. Name Frank Peters &

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

14. Maiden name Susan Crater

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

16. (a) Informant Edmer J. Kichen

(b) Address 405 Washington St. Louis Mo

17. (a) Removal (b) Date thereof 10-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Granite City, Ill

18. (a) Signature of funeral director Frank Merced

(b) Address Granite City Illinois

19. (a) 10-15-48 (b) Cecil A. Sharp, MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 3634A Botanical
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14
year 1948 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 28
1948 to Oct 14 1948
that I last saw him alive on Oct 13 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid 2 yrs

Due to metastatic carcinoma 1 yr
of liver + spleen

Due to _____

Other conditions 46 20
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy same

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)

(a) Means of injury _____

23. Signature Fred Kramer (M. D. or other) MD

Address 624 N Grand Date signed 10-15-48

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

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 *Leoro L. Henries*

Licensed Embalmer No. *4462*

P. O. Address *3214⁹ Utah, 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.