

FILED MAR 29 1952

STANDARD CERTIFICATE OF DEATH

State File No. 10420

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2218

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) Saint Louis		c. CITY (If outside corporate limits, write RURAL and give township) Saint Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6820 Wise Ave		d. STREET ADDRESS (If rural, give location) 6820 Wise Ave	

3. NAME OF DECEASED (Type or Print) a. (First) Bertha b. (Middle) Elizabeth c. (Last) Peters			4. DATE OF DEATH (Month) 3 (Day) 6 (Year) 1952			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2/16/1882	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St Louis		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Fred Lohrum		13b. MOTHER'S MAIDEN NAME Katherine Loos		14. NAME OF HUSBAND OR WIFE William Peters Dec'd	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME Raymond Timpone	
ADDRESS 2224 Blendon					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Metastatic Carcinoma of lower thoracic lymphatic nodes, pelvic &amp; upper femur bones - Primary lesion not determined</i>			INTERVAL BETWEEN ONSET AND DEATH <i>December 1951</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>196X</i>		

22. I hereby certify that I attended the deceased from Aug. 20, 1951, to 3/6/52, 19\_\_\_, that I last saw the deceased alive on 3/6/52, 19\_\_\_, and that death occurred at 6:40 P. M., from the causes and on the date stated above.

23a. SIGNATURE <i>Dr. Williamson</i>		(Degree or title) M.D.		23b. ADDRESS 6336 Clayton Road		23c. DATE SIGNED 3/7/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/10/52		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St Louis Mo.	
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DATE REC'D BY LOCAL REG. MAR 8 1952		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE Robert J. Ambruster, Inc.		ADDRESS 6633 Clayton	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Ernest W. Spillers*

Signed.....

Student Embalmer

Licensed Embalmer No.....

*14080*

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.