

FILED MAR 18 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11510

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <b>Saint Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Velda Village</b> )		c. LENGTH OF STAY (in this place) <b>Unknown</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>16 OR TOWN Velda Village</b>		4160
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>3008 Kemp Drive, 20,</b>			d. STREET ADDRESS (If rural, give location) <b>3008 Kemp Drive, 20.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Walter</b>		b. (Middle) <b>H.</b>	c. (Last) <b>Peters</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>January 13th, 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 13th, 1901</b>	9. AGE (In years last birthday) <b>50</b>	10. UNDER 1 YEAR Months <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Crane Co.</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Hnery Peters</b>		13b. MOTHER'S MAIDEN NAME <b>Helena Erbe</b>		14. NAME OF HUSBAND OR WIFE <b>Loretta M. Peters nee Murray</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Loretta M. Peters, 3008 Kemp Dr., 20.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>				INTERVAL BETWEEN ONSET AND DEATH <b>four minutes</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Arterio sclerotic heart disease</b>		over 3 yrs
	DUE TO (c)				
18. 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 <b>420.0</b>				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"/>	21h. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Nov 4, 1948</b> to <b>Jan 13, 1952</b> , that I last saw the deceased alive on <b>Jan 11, 1952</b> and that death occurred at <b>5:16 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Robert H. Smith M.D.</b>		23b. ADDRESS <b>114 N. Taylor</b>		23c. DATE SIGNED <b>Jan 14, 52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1/16/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>1-14-52</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donke MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Calvin F. Feutz, 4828 Natyral Bridge Blvd.</b>		

SW (Licensed Embalmer's Statement on Reverse Side)

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

114 N. Taylor Ave  
St. Louis 8600  
To be filed in Country.

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed John A. Mlenar

Licensed Embalmer No. 4186

P. O. Address St. Louis 2 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.