

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32928

Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. LouisRegistration District No. 791
Primary Registration District No. 1003(d) Street No. 4073 Toenges
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred Life mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.Registered No. 8982

2. PRINT FULL NAME

Elda Louise Peters(a) Residence, No. 4073 Toenges St. 7 / (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Felame 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFHenry A. Peters6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 18837. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or min.
35 54 2 7OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.FATHER 13. NAME Torado J. Herbel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.MOTHER 15. MAIDEN NAME Emma Weiss
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.17. INFORMANT (ADDRESS) H. A. Peters 4073 Toenges,18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crem. DATE 9-25-37,19. FUNERAL DIRECTOR (ADDRESS) Southern Ind. Co. 6322 S. Grand Blvd.,20. SEP 26 1937 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-25-37 1922. I HEREBY CERTIFY, that I attended deceased from Feb 14 1936 to Apr 25 1937I last saw him alive on Apr 24 1937. Death is said to have occurred on the date stated above, at 5:35 A. m.
The principal cause of death and related causes of importance were as follows:Carcinoma
(Right Breast) 2 1/2 years

Other contributory causes of importance:

Name of operator Charles Brock Aubrey Date of 10-1-37
What test confirmed diagnosis Linear X-ray Was there an autopsy No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 1937
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury ✓
Nature of injury ✓24. Was disease or injury in any way related to occupation of deceased? No
If so, specify(Signed) E. C. Carlson, M. D.(Address) 1537 S. Grand St.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. E. J. Urban
1537 S. Grand
1-3

STATEMENT BY LICENSED EMBALMER

I, Frank Ludwig, Licensed Embalmer No. 2504

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. Frank Ludwig

No. 2504 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Frank Ludwig

Licensed Embalmer No. 2504

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.)