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.

REC'D MAR 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 6686

Registered No. 33

1. PLACE OF DEATH
(a) County Franklin — Registration District No. 297
(b) Township — Primary Registration District No. 3016
(c) City Washington — (d) Street No. ..... St.
(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 69 yrs. 6 mos. 17 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LOUIS HENRY PETERS 362
(a) Residence, No. 426 E. 6th Washington, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~: Wilhemina Peters
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 21, 1868
7. AGE: Years 69 — Months 6 — Days 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Shoe Worker
9. Industry or business in which work was done, as saw mill, bank, etc.: Shoe Factory
10. Date deceased last worked at this occupation (month and year): 1930
11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington, Mo. R.F.D. Missouri

FATHER
13. NAME: Fritz Peters
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown / Unknown

MOTHER
15. MAIDEN NAME: Catherine Kratzmann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown / Unknown

17. INFORMANT (ADDRESS): Mrs. Gus Cieschin, Washington, Mo.
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Washington, Mo. DATE: Feb. 11 1938
19. FUNERAL DIRECTOR (ADDRESS): Nisburg & Vitt, Inc. Washington, Mo.
20. FILED: Feb. 10 1938 — L. A. May, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 8th 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1935, to Feb. 8, 1938
I last saw him alive on Feb. 8, 1938. Death is said to have occurred on the date stated above, at 1:50 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	Last
Chronic interstitial	Know
nephritis	
131	

Other contributory causes of importance: Last know

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
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) R. R. Cutley, M. D.
(Address) Washington Mo

(Licensed Embalmer's Statement on Reverse Side)

Dr Cutler

STATEMENT BY LICENSED EMBALMER

I, Lester H. Vitt, Licensed Embalmer No. 3254

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Lester H. Vitt

Licensed Embalmer No. 3254

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)