DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44650

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2249

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6715 Glenmore Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No.: 6715 Glenmore Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: 3162 Emillie Anne Peters
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Henry W. Peters
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: Feby. (Month) 3rd. (Day) 1872 (Year)

8. AGE: Years 67 | Months 10 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace: St. Louis. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: ____
FATHER 12. Name: Freeerick Kuhlman
FATHER 13. Birthplace: Germany (City, town, or country) (State or foreign country)
MOTHER 14. Maiden name: Mary Richter
MOTHER 15. Birthplace: Germany (City, town, or country) (State or foreign country)
16. (a) Informant's own signature: Mrs. M. Reader
(b) Address: 6715 Glenmore Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-22-39 (Month) (Day) (Year)
(c) Place: burial or cremation: New Bethlehem Cem.
18. (a) Signature of funeral director: Provost Und Co
(b) Address: 3710 N. Grand Blvd.
19. (a) DEC 21 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19th. year 1939 hour 8.30 minute A. M.
21. I hereby certify that I attended the deceased from 10/1, 1939, to 12/19, 1939, that I last saw her alive on 12/19, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Intestines	3 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): None	

Major findings: Of operations: None
Of autopsy: None

PHYSICIAN — 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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature: Jno. P. Berman (M. D. or other)
Address: 1225 No. Grand Date signed: 12/20/39

(Licensed Embalmer's Statement on Reverse Side)

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

Rev. 8-17-39
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Jos. P. Berman
1225 N. Grand

1-3 Wednesday

Je 1840

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 Me

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Blvd.

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, above space should be left blank.