

JUL 15 1940 547

Registration District No. 547Primary Registration District No. 3029Registrar's No. 194

## 1. PLACE OF DEATH:

(a) County Marion  
 (b) City or town Hannibal  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Elizabeth Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Two weeks  
 (Specify whether  
 In this community Sixteen years  
 years, months or days)

3. (a) PRINT FULL NAME Mary Frederica Peters  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Widowed  
 6. (b) Name of husband or wife William Peters  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased April 19 1956  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 2 8 hr. \_\_\_\_\_ min.

9. Birthplace Gassonade County Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Fred Beyche

13. Birthplace (Do not know) Holland  
 (City, town, or county) (State or foreign country)

14. Maiden name Hubertina Ruprecht

15. Birthplace (Do not know) Holland  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Peters

(b) Address Hannibal Missouri

17. (a) Removal (b) Date thereof June 30 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bluff Hall, Illinois

18. (a) Signature of funeral director Robert B. Schwan

(b) Address Hannibal Missouri

19. (a) June 29 1940 (b) W. J. Fisher  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
 (c) City or town Hannibal  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 305 North Levering Ave  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27  
 year 1940 hour 4:50 minute 0 M.

21. I hereby certify that I attended the deceased from 6-5  
 1940, to 6-27 1940;  
 that I last saw him alive on 6-27 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage - Duration 3 weeks

Due to Left hemiplegia - G. I. P. 2 weeks

Due to General arteriosclerosis - 2 yrs -

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?  
Yes

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Harold J. Redick (M. D. or other) MD  
 Address Hannibal Mo Date signed 6-29-40

**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.....

*Ray P. Schwartz*, Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Ray P. Schwartz*

Licensed Embalmer No. *11765-D*

P. O. Address..... *Hannibal, 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, above space should be left blank.**