

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **8837**

1. PLACE OF DEATH:

(a) County **St. Louis Mo.**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1026 Hickory St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2**  
(Specify whether  
In this community **35**  
years, months or days)

3. (a) PRINT FULL NAME **PETER ELIAS**

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**  
6. (b) Name of husband or wife **Dable Elias** 6. (c) Age of husband or wife if alive **1877** years

7. Birth date of deceased **March 12** (Month) (Day) (Year)

8. AGE: Years **63** Months **7** Days **13** If less than one day hr. min.

9. Birthplace **Syria** (City, town, or county) (State or foreign country)

10. Usual occupation **Day Laborer**

11. Industry or business **Retired**

12. Name **Unknown**

13. Birthplace **Syria** (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Syria** (City, town, or county) (State or foreign country)

16. (a) Informant **Harry Elias**

(b) Address **1026 Hickory St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Oct 28/40** (Month) (Day) (Year)

(c) Place: burial or cremation **S.S. Peter & Paul**

18. (a) Signature of funeral director **Shorkutis**

(b) Address **2906 Gravois Ave.**

19. (a) **OCT 27 1940** (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **St. LOUIS.**  
(c) City or town **St. LOUIS.** (If outside city or town limits, write "RURAL")  
(d) Street No. **1026 Hickory st** (If rural, give location)  
(e) If foreign born, how long in U. S. A. **35** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **25** year **1940** hour **12 15** minute **A.M.**

21. I hereby certify that I attended the deceased from **6/27** 19**40** to **10/25** 19**40**, that I last saw him alive on **10/21/40** and that death occurred on the date and hour stated above.

Immediate cause of death

**Pneumonia Lobar R.** 7 days

Due to **Chronic myocarditis**

Due to **Arteriosclerosis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work (Specify type of place) (e) Means of injury

23. Signature **John McLean** (M. D. or other) Address **816 Metropolitan Bldg** Date signed **10/24/40**

**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.....

*Leo Buddle*

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

working under my personal supervision.

Signed.....

*Leo Buddle*

Licensed Embalmer No. ....

*3989*

P. O. Address.....

*St Louis mo*

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

**If this body is not embalmed, fact should be so stated above.**