

Registration District No. **3**

Primary Registration District No. **109**

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

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Maplewood**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7130 Drury Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none**
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Kizza Peters**

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

4. Sex **F** / 5. Color or race **W** 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 **Nov. 16, 1863**
(Month) (Day) (Year)

8. AGE: Years **77** Months **9** Days **23** If less than one day
hr. _____ min.

9. Birthplace _____ Ark. (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Wm. B. Whitfield**
13. Birthplace **Unknown** 9 (City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Hively** 9
15. Birthplace **Unknown** 9 (City, town, or county) (State or foreign country)

16. (a) Informant **Edmond Peters**

(b) Address **7130 Drury Lane**

17. (a) **Removal** (b) Date thereof **9-11-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Craighead, Ark.**

18. (a) Signature of funeral director **Jay B. Smith**

(b) Address **7456 Manchester**

19. (a) **SEP 11 1941** (b) **H. M. ...**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. L.** 96
(c) City or town **Maplewood** 3
(If outside city or town limits, write "RURAL") 3
(d) Street No. **7130 Drury Lane**
(If rural, give location)
(e) Citizen of foreign country? **C** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **9**
year **1941** hour **7** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **Feb 4, 1939**
to **Sept 9th** 19**41**
that I last saw her alive on **Sept 3rd** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocardial Disease**
Due to **General Senile Arteriosclerosis**
Hypertension
Due to _____

Other conditions **Senility**
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **Douglas A. ...** (M. D. or other) **A. ...**
Address **7166 Manchester** Date signed **9/11/41**

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J.P. Burgess

Licensed Embalmer No.

4029

P. O. Address.....

Maplewood

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, fact should be so stated above.