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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33395

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8350

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. louis 05

(c) City or town Wellston 0
(If outside city or town limits, write "RURAL")

(d) Street No. 6166 Gambleton Place. 1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME WILLIAM E. PEETERS.

3. (b) If veteran, name war None

3. (c) Social Security No. 493-10-8871

4. Sex Male D

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Minnie Peeters.

6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased February (Month) 11, (Day) 1889. (Year)

8. AGE:

Years	Months	Days	If less than one day
52	8	7	hr. min.

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

10. Usual occupation Car Operator

11. Industry or business Public Service Co.

FATHER
12. Name Louis Peeters.
13. Birthplace (City, town, or county) Belgium. 4 (State or foreign country)

MOTHER
14. Maiden name Annie Horstmann.
15. Birthplace ? (City, town, or county) Germany. 4 (State or foreign country)

16. (a) Informant Mr. Fred W. Peeters.
(b) Address 8320 Flora Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-1941. (Month) (Day) (Year)
(c) Place: burial or cremation Zions Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) OCT 21 1941 (Date received by local registrar) (b) J J Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18th.
year 1941 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from 3-6-40
3 19 to 10-18 1941;
that I last saw h alive on 10-18 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis undetermined type (no bacteria found) — Duration 4 days

Due to

Due to

Other conditions left Pyonephrosis - no evidence of calculus
(Include pregnancy within 3 months of death)
mitral regurgitation

Major findings:
Of operations

Of autopsy 92 [illegible]

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 G J Fuchs. (M. D. ~~or other~~)
Address 6651 Enright Date signed 10-20-41

(Licensed Embalmer's Statement on Reverse Side)

Dr. G.J.Fuchs.
6651 Enright Ave.
3 to 4 P.M.

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 3454 David C. Gibson, Registered Apprentice No. ..... working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. L.

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.)

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