DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43075

Registration District No. 784 — Primary Registration District No. 200 — Registrar's No. 2619

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Velda Village Hills (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 In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Velda Village Hills (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 Henry W. Peters

3. (b) If veteran, name war ____ 3. (c) Social Security No None

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Emilie Peters 6. (c) Age of husband or wife if alive Decd years

7. Birth date of deceased Sept. (Month) 9th. (Day) 1869 (Year)

8. AGE: Years 72 Months 3 Days 14 If less than one day ____ hr. ____ min.

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

10. Usual occupation Retired City Employee

11. Industry or business City of St. Louis

FATHER
12. Name ? Peters
13. Birthplace ____ (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace ____ (City, town, or county) Germany (State or foreign country)

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

(b) Address 6715 Glenmore Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-41 (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) DEC 23 1941 (Date received local registrar) (b) E. S. McGovran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23rd. year 1941 hour 2.30 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 4, 1940 to Dec 23, 1941 that I last saw him alive on Dec. 23, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death chronic nephritis	2 yrs.
Due to	
Due to	
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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature Jo. P. Berman (M. D. or other)

Address 1225 No. Grand Date signed 12/23/41

(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.

M. J. [illegible]
[illegible] Grand B
2-5-[illegible]

Fr 8991

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

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.