

1161  
S. No. 2  
M-9-4-41  
v. 5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **16541**  
Registrar's No. **4333**

FILED JUN 2 1942  
7914

Registration District No. Primary Registration District No. **1003**

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17  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....  
(b) City or town **St. Louis, Missouri**  
(c) Name of hospital or institution:  
**St. Louis City Hospital**  
(d) Length of stay: In hospital or institution **19 Days**  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County.....  
(c) City or town **St. Louis**  
(d) Street No. **1019 N. 8th. St.**  
(e) Citizen of foreign country?.....  
If yes, name country.....

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

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 **Widowed**

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

7. Birth date of deceased **Febr 23 1857**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**85 2 22** hr. min.

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

10. Usual occupation **Tailor**

11. Industry or business **Self**

MOTHER FATHER { 12. Name **Unknown**  
13. Birthplace **Unknown**  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**

16. (a) Informant **Robert Mees**  
(b) Address **4402 Itaska St.**

17. (a) **Cremation** (b) Date thereof **5-18-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla**  
18. (a) Signature of funeral director **Drehmann-Harral**  
(b) Address **1905 Union Blvd**

19. (a) **MAY 18 1942** (b) **J. F. Prudeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **15**,  
year **1942** hour **10:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **April 27**,  
19**42** to **May 15**, 19**42**  
that I last saw him alive on **May 15**, 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of rectum**  
Due to **Hb**  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy **As above**

Duration  
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?.....  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place).....  
Means of injury.....  
23. Signature **M. M. Kerl** (M. D. or other).....  
Address **1515 Lafayette Avenue** Date signed **5/15/42**

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**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.....

*Albert R. Thompson*

Licensed Embalmer No.....

*4237*

P. O. Address.....

**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.**