S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 23 1942

Registration District No. _____

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21535

Primary Registration District No. 5580

Registrar's No. 15-37

1. PLACE OF DEATH:
(a) County: Jefferson
(b) City or town: Rural Imperial (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Josephs Hill Infirmary (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 YR. 6 MO. 15 DAYS (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: University City 3 (If outside city or town limits, write "RURAL")
(d) Street No. 6526 Etzel 5 (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: HERMAN PEITZMEIER
3. (b) If veteran, name war: NONE
3. (c) Social Security No. NONE
4. Sex: M
5. Color or race: W
6. (a) Single, married, widowed, divorced (Specify): 1480-1 Married
6. (b) Name of husband or wife: MARY STARCK
6. (c) Age of husband or wife if alive: 61 years
7. Birth date of deceased: MARCH (Month) 31 (Day) 1875 (Year)
8. AGE: Years 67 Months 2 Days 10 If less than one day _____ hr. _____ min.
9. Birthplace: ST. CHARLES (City, town, or county) MO (State or foreign country)
10. Usual occupation: LABORER
11. Industry or business: GAS & PRINTING
FATHER
12. Name: Henry Peitzmeier
13. Birthplace: Germany 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Kunse
15. Birthplace: Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant: Brother Rede, O.S.F.
(b) Address: St. Josephs Hill Infirmary
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 15 '42 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cem.
18. (a) Signature of funeral director: Jos. W. Calpin
(b) Address: 1128 Lafayette Ave.
19. (a) 13 Jun 42 (Date received local registrar) (b) James A. Torrisen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 42 hour 8 minute 45 P.M.
21. I hereby certify that I attended the deceased from 10 3, 1942, to 6-8, 1942, that I last saw him alive on 6-8, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Arteio-Sclerotic Cardio Vascular Disease — Duration

Due to: _____

Due to: _____

Other conditions: Tabes Dorsalis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

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): None
(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: Allen McCleary (M. D. or other)
Address: 6125 Bartmer Date signed: 6-12-42

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(Licensed Embalmer's Statement on Reverse Side)

Mr. Allen McMurray
Sr. Louis
Sr. Mary Hogg

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 Jas. W. Clark

Licensed Embalmer No. 1661.

P. O. Address 1125 Hodiamont Av.
St. Louis - Mo

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.