. No. 2
—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 6 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29083

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8024

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: Alexian Bros. Hosp. O
(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 Mo. (b) County 000 17 23 7
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2726 S. Jefferson Av.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Albert Peter

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

4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Josephine Peter
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Sept. 26 1867 (Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 0 If less than one day hr. min.

9. Birthplace 5 Switzerland (City, town, or county) (State or foreign country)
10. Usual occupation Park Keeper
11. Industry or business St. Louis Park Dept.

FATHER
12. Name Jacob Peter
13. Birthplace 5 Switzerland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown Schlumpf
15. Birthplace 5 Switzerland (City, town, or county) (State or foreign country)

16. (a) Informant Josephine Peter
(b) Address 2726 S. Jefferson Av.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9-29-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mo. Crematory
18. (a) Signature of funeral director Witt Bros. L & N Co
(b) Address 2929 S. Jefferson Av.
19. (a) SEP 20 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 26d year 1942 hour 7:05 minute PM M.

21. I hereby certify that I attended the deceased from Sept 18, 1942 to Sept 26, 1942 that I last saw him alive on Sept 26 1942, 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ① Uremia	5 days
② Chronic nephritis	
Due to with super imposed Toxicity	
Chronic Cholecystitis	
Due to ③ Cholilethiasis with	years
inter hepatic bile duct	
Other conditions obstruction, secondary	11 days
(Include pregnancy within 3 months of death) small peri bile duct abscess	

Major findings:
Of operations
Of autopsy See above

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) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)
While at work? no (e) Means of injury no

23. Signature T. Plumpe (M.D. or other) M.D.
Address 3933 S. Grand Date signed 9-26-42

(Licensed Embalmer's Statement on Reverse Side)

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 Edgar F. Witt, Registered Apprentice No.....,
working under my personal supervision.

Signed Edgar F. Witt

Licensed Embalmer No. 2117

P. O. Address 2929 S. Jefferson Av

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.