

FILED JUN 14 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 5152

1. PLACE OF DEATH:

(a) County St. Louis
(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 Brothers Hosp. 0
(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
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1832 a S 14th. St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME William R. Peltz

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

7. Birth date of deceased Aug. 10 1881 (Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 24 If less than one day hr. min.

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

10. Usual occupation Pattern Maker

11. Industry or business Theo. Peltz

12. Name Theo. Peltz 13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

14. Maiden name Mathilda Herschfelder 15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jane Engel (b) Address Woodlawn Hotel Kirkwood Mo.

17. (a) Burial (b) Date thereof 6-5-43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director J. Schumacher

(b) Address 3013 Meramec St.

19. (a) JUN 4 1943 J. F. Bures (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1943 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from May 30th, 1943, to June 3rd, 1943; that I last saw him alive on June 2nd, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia 4 days

Due to Myocarditis and Arteriosclerosis 1 year

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations xxxxx

Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) xxx
(b) Date of occurrence xx
(c) Where did injury occur? xxx (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? xxx

While at work? (Specify type of place) (e) Means of injury

23. Signature J. H. Walters (M. D. or other) Address 3608 South Grand Blvd. Date signed 6/4/43

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

MOTHER FATHER

FEB 5 1945

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

Clarence Kochow

Registered Apprentice No.

working under my personal supervision.

Signed

Clarence Kochow

Licensed Embalmer No.

3093

P. O. Address

3013 Menomonee

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.