

FILED DEC 27 1948

1003

10593

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

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:
3117 Elliot Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3117 Elliot Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Adolph Peters

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Peters 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased April 22, 1867
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation Optometrist

11. Industry or business

12. Name Unknown
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Peters
(b) Address 3117 Elliot Ave.
17. (a) Burial (b) Date thereof Dec. 14, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery
18. (a) Signature of funeral director Paschedag-Henke Fun. Home (Specify type of place)
(b) Address 2825 N. Grand Blvd. (e) Means of injury _____
19. (a) DEC 12 1944 (b) J. F. Bredebeck (Registrar's signature) Date received local registrar _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 11 day
year 1944 hour 10 minute 45 A. M.

21. I hereby certify that I attended the deceased from June 15, 1944 to Dec 11, 1944;
that I last saw him alive on Dec 10, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) No

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? _____

23. Signature H. A. Uhlweyer (M. D. or other) M. D.
Address 4362 W. Marshall Date signed 12-18-44

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

MOTHER FATHER

MAR 25 1949

FEB 8 1949

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.....

Robert W. Warner

Licensed Embalmer No.....

1861

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.