

FILED JUN 4 1948

L 1003

4532

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:
Lutheran Hospital
(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 Missouri (b) County 000
(c) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 5370 Pershing
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hattye Peltason

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife David Peltason 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 17, 1881
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Henry Spiro

13. Birthplace Poland
(City, town, or county) (State or foreign country)

14. Maiden name Rosa Potsdammer

15. Birthplace Poland
(City, town, or county) (State or foreign country)

16. (a) Informant H. J. Issacson

(b) Address 188 E. Galloway-Memphis, Tenn

17. (a) Burial (b) Date thereof 5-23-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director H. Rudolph Koppe

(b) Address 5216 Delmar Bldg.

19. (a) MAY 22 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 45 hour 11 minute 30.9 M.

21. I hereby certify that I attended the deceased from December 1944 to May 20 1945
that I last saw him alive on May 20 1945
and that death occurred on the date and hour stated above.

Immediate cause of death General coronary atherosclerosis

Due to cholesterolemia

Due to 55

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

23. Signature A. W. Grant (M. D. or other) MD

Address 2651 Grandview Date signed May 22 45

Duration

long

December

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

06
17
9

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.....

J. A. Burgess

Licensed Embalmer No.....

4029

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.