

FILED AUG 10 1945

Primary Registration District No. 5596

1. PLACE OF DEATH:

(a) County... Jefferson
(b) City or town... Meramec Rural
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 1 Day
In this community... 1 Day
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo
(b) County... 011
(c) City or town... St. Louis
(d) Street No...
(e) Citizen of foreign country? no
If yes, name country...

3. (a) PRINT FULL NAME... PETER VERNON LUND

(b) If veteran, name war... WORLD WAR #2
(c) Social Security No... 492-24396

4. Sex... Male
5. Color or race... White
6. (a) Single, widowed, married, divorced... Married
6. (c) Age of husband or wife if alive... 35 years
7. Birth date of deceased... May 13-1907

8. AGE: Years 38, Months 2, Days 22
If less than one day hr. min.

9. Birthplace... Belleville, Ill

10. Usual occupation... Cleaner

11. Industry or business... Cleaning Est.

12. Name... Peter H. Lund

13. Birthplace... Coulterville, Ill

14. Maiden name... Emma Jasper

15. Birthplace... Addicks, Ill

16. (a) Informant... Forest W. Yickel
(b) Address... 396 9th St. - Phoson

17. (a) Burial, cremation, or removal... Burial
(b) Date thereof... Aug 8 1945
(c) Place: burial or cremation... Addicks, Ill

18. (a) Signature of funeral director... Arthur J. Donnelly
(b) Address... 3840 Lindell
19. (a) Date received by registrar... Aug 4
(b) Registrar's signature... J. A. Townsend

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5th year 1945 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from... 19... to... 19...

that I last saw h... alive on... and that death occurred on the date and hour stated above.

Immediate cause of death... Accidental drowning

Due to... Cardiac Coronary

Due to...
Other conditions... (Include pregnancy within 3 months of death)

Major findings: Of operations... 183' 26'
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)... Accident

(b) Date of occurrence... Aug 9 1945

(c) Where did injury occur?... Rockford beach

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Rockford beach, Jefferson Co

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

23. Signature... P. B. Edgewood
Address... Ordor Hill Date signed... 8/1/45

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

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AUG 20 1945

OCT 8 1945

FEB 18 1946

STATEMENT BY LICENSED EMBALMER

not Embalmed

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..... *T. VanMatre*.....

Licensed Embalmer No. *2825*.....

P. O. Address *4340 Lafayette*.....

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.