S. No. 2
M—5-42
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PI X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 39632

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11424

**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: 2318 A. Victor St (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

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 2318 A. Victor St (If rural, give location) 23

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George Peters

3. (b) If veteran, name war ******

3. (c) Social Security No. 488-03-9039

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Tillie Peters

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July 7 1882 (Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 17 If less than one day hr. min.

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

10. Usual occupation Retired Cooper

11. Industry or business

FATHER
12. Name Charles Peters
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Othelia Kitzinger
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Tillie Peters

(b) Address 2318 A. Victor St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27th 1945 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Ziegenlein Bros.

(b) Address 6409 Gravois Ave

19. (a) DEC 27 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 24th day December year 1945 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from June 1945 to Dec 24 1945; that I last saw him alive on 12/24/45 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Inoperable Carcinoma of Sigmoid Colon

Due to Cardio-Vascular Renal disease

Due to

Other conditions (Include pregnancy within 3 months of death) 46

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Jos. G. Grant M.D. (M. D. or other)

Address 5521 S. Broadway Date signed 12/26/45

(Licensed Embalmer's Statement on Reverse Side)

Mr. Sanneto
5521 S. Broadway
Lo-1911
1 to 3 6:30 to 8 pm
5627 Itasca Dr
Zl-5996

## 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 Homer W. Fritz

Licensed Embalmer No. 3882

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.**