

FILED JAN 21 1946

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 9

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Kirkwood 22  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
227 East Woodbine Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 30 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town Kirkwood 22 4  
(If outside city or town limits, write "RURAL")  
(d) Street No. 227 East Woodbine Ave 3  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT

FULL NAME George M. Peters Sr.

3. (b) If veteran, name war no 3. (c) Social Security No. NONE

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Emma Peters 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept. 7 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 3 24 hr. min.

9. Birthplace ? Perm. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Justice of the Peace, Atty.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Thomas Peters  
13. Birthplace \_\_\_\_\_ Perm. 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Kinzey  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Peters  
(b) Address 227 E. Woodbine Ave Kirkwood 22 Mo

17. (a) burial (b) Date thereof 1-6-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Park Cemetery

18. (a) Signature of funeral director DALIELBERG FUNERAL HOME

(b) Address KIRKWOOD AND WEBSTER GROVES, MO.

19. (a) 1-4-46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive cardiovascular disease.

Due to 93d

Other conditions (Include pregnancy within 3 months of death)

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?

E, Inc. \_\_\_\_\_ (Specify type of place) While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature John T. Farrar (M. D. or other) M.D.  
Address 601 Brentwood Date signed 1/3/46

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

1978

Hudson

**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.....

*John M. Meyer*

Licensed Embalmer No. *3588*

P. O. Address.....

*340 W. Adams  
Wilkesboro N.C.*

**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.**