

FILED FEB 25 1946

State File No. _____

Registration District No. 3

Primary Registration District No. 3069

Registrar's No. 439

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Richmond Heights
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Mary's 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 Illinois (b) County Clinton
 (c) City or town Albers
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Rev. Bernard Peters
3. (b) If veteran, name war Nil
3. (c) Social Security No. None
4. Sex Male
5. Color or White
6. (a) Single, widowed, married, Single
 divorced
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if _____
 alive _____ years
7. Birth date of deceased May 14 1871
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 9
 year 1946 hour 7 minute 25 P.M.
21. I hereby certify that I attended the deceased from Feb 3
 1946, to Feb 9 1946
 that I last saw him alive on Feb 9 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death acute pneumonia Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>8</u>	<u>25</u>	hr. _____ min. _____

Due to Post-operation Carcinoma of Stomach 466 1 yr.
 Due to _____

9. Birthplace Germantown Illinois
 (City, town, or county) (State or foreign country)
10. Usual occupation Clergyman

Other conditions _____
 (Include pregnancy within 3 months of death)
Major findings: Tumor & ulcer of Stomach
 Of operations _____
 Of autopsy None

11. Industry or business _____
12. Name John Peters
13. Birthplace Germany
 (City, town, or county) (State or foreign country)
14. Maiden name Anna Welling
15. Birthplace Germantown Illinois
 (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Rev. George Netemeyer
(b) Address Trenton, Ill.
17. (a) Removal (b) Date thereof 2-10-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Albers, Ill.

While at work? _____ (Specify type of place)
 Means of injury _____
23. Signature W. Lightner (M. D. or other) M. D.
Address 3720 Washington Blvd **Date signed** 2/16/46

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) 2-21-46 (b) E. M. Garand
 (Date received local registrar) (Registrar's signature)

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

5959

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 Elmo R. Sadwell
Licensed Embalmer No. 4077
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.