. S. No. 2
DM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 21 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29400

Registrar's No. 696

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pronounced dead City Hospital #1 3
(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 (b) County 020
(c) City or town St. Louis, Mo. 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2300 S. 12th St. 9
(If rural, give location) 23- 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES RAYMOND PETERS
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruth Peters
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 7 (Day) 1897 (Year)

8. AGE: Years 50 | Months 6 | Days 4 | If less than one day hr. min.

9. Birthplace Humphrey, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Special Agent
11. Industry or business I.C.R.R. Co.

FATHER
12. Name Jasper Peters
13. Birthplace Humphrey, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Grace Palmer
15. Birthplace Bayard, Kansas (City, town, or county) (State or foreign country)

16. (a) Informant Ruth Peters
(b) Address 2300 S. 12th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery Jefferson Barracks
18. (a) Signature of funeral director Charles Kunes
(b) Address 1400 Lafayette
19. (a) AUG 13 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11th year 1947 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Hypertrophic Myocarditis;

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause of 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 3

23. Signature Alfred J. Perry DDS (M. D. or other)
Address Deputy Coroner Date signed 8-13-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. Not Embalmed Charles G Kurnos

Signed.....

Licensed Embalmer No.....

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.