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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6873
Registrar's No. 1168

Registration District No. 318 Primary Registration District No. 1005

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: Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Months (Specify whether years, months or days)
In this community

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. 4221 A.W. Sacramento Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Beulah C. Peters
3. (b) If veteran, name war ********
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Peters
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased October 28 1895 (Month) (Day) (Year)

8. AGE: Years 52 Months 3 Days 4 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business

MOTHER FATHER
12. Name John Cooper
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unonkwn (City, town, or county) (State or foreign country)

16. (a) Informant George Peters
(b) Address 4221 A.W. Sacramento Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill Cemetery
18. (a) Signature of funeral director Ziegenhain Bros.
(b) Address 6409 Gravois Ave
19. (a) FEB 4 1948 (Date received local registrar) (b) J. F. Broeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd. day February year 1948 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 30, 19 47 to Feb. 2, 19 48 that I last saw her alive on Feb. 2, 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Embolism	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Partial Pyloric Obstruction. From old stomach ulcer
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? (Means of injury)

23. Signature Frank J. Smith (M. D. or other) M.D
Address 4930 Lindell Blvd. Date signed 2/3/48

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.

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.