

No. 2
-12-45
-17-39
X47070

FILED APR 7 1948

State File No. 2953

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:
Deaconess Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000

(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL") 17

(d) Street No. 4628 San Francisco
(If rural, give location) 9

(e) Citizen of foreign country?..... No (Yes or No) 0

If yes, name country.....

3. (a) PRINT FULL NAME Emil John Peteler

3. (b) If veteran, name war..... None

3. (c) Social Security No. None

4. Sex Male 0 5. Color or race..... White

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

6. (b) Name of husband or wife..... Louise M.

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

7. Birth date of deceased..... June 11 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>9</u>	<u>14</u>	hr. min.

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

10. Usual occupation..... Retired

11. Industry or business.....

12. Name..... Charles Peteler

13. Birthplace..... Germany
(City, town, or county) (State or foreign country)

14. Maiden name..... Sophia Henninger

15. Birthplace..... Germany
(City, town, or county) (State or foreign country)

16. (a) Informant..... George W. Peteler

(b) Address..... 4628 San Francisco

17. (a) Burial (b) Date thereof 3/27/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... St. Mathews Cemetery

18. (a) Signature of funeral director..... Provost Und. Co.

(b) Address..... 3710 N. Grand Blvd.

19. (a) MAR 26 1948 (b) Je F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1948 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from 2-22
1948 to 2-25, 1948
that I last saw him alive on 3-25, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary Thrombosis
Carcinoma Prostate 3 yrs

Due to.....

Due to..... 51

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

PHYSICIAN

Major findings:
Of operations..... Carcinoma Prostate

Of autopsy.....

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?.....

While at work?..... (Specify type of place)

(c) Means of injury..... 0

23. Signature..... Joacchide (M. D. or other) 0

Address..... 6001 n grand Date signed..... 3/26/48

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

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..... *Albert Mayfield*
Licensed Embalmer No. 3077

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.