S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10559 2919

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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

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 St. Lukes Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 hours (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Wellston 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1537 Valle Avenue. 0
(If rural, give location)
NR
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Edward S. Peters.
3. (b) If veteran, name war None
3. (c) Social Security No. 366-12-7023
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Toccoa Peters.
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased February 3, 1912. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
36	1	20	hr. min.

9. Birthplace Mt. Pleasent, Michigan. (City, town, or county) (State or foreign country)
10. Usual occupation Draftsman
11. Industry or business Union Electric Co.
FATHER
12. Name Edward Peters.
13. Birthplace Michigan. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret Dagg.
15. Birthplace Michigan. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Toccoa Peters.
(b) Address 1537 Valle Avenue.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-1948. (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery.
18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.
19. (a) MAR 25 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 23
year 1948 hour 5 am minute — M.
21. I hereby certify that I attended the deceased from Mar 22, 1948, to 19 ;
that I last saw him alive on Mar. 22, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Bilateral Hydronephrosis

Due to Old urethral scar from burn.

Other conditions (Include pregnancy within 3 months of death) 1/32

Major findings:
Of operations
Of autopsy

Duration

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
23. Signature Otto J. Wilhelmi (M. D. or other)
Address 220 Univ. Club Date signed 3/23/48

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 Clement McQueary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.