

FILED MAY 15 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14901**

Registration District No. **317**

Primary Registration District No. **3069**

Registrar's No. **1-13-4**

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

6
8
3

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Richmond Heights.**
(c) Name of hospital or institution: **St. Marys 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

3. (a) PRINT FULL NAME **OTTO G. PETELER.**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Elizabeth Peteler.** 6. (c) Age of husband or wife if alive **74** years
7. Birth date of deceased **June 28 1876**
(Month) (Day) (Year)

8. AGE: Years **71** Months **10** Days **8** If less than one day hr. min.

9. Birthplace **St. Paul, Minn.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Landscape Engineer.**

11. Industry or business _____
12. Name **Philip Peteler.**
13. Birthplace **unknown Germany 4**
(City, town, or county) (State or foreign country)
14. Maiden name **Monica Ringler.**
15. Birthplace **unknown Germany. 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **William J. Becker.**
(b) Address **#50 Central Ave.**
17. (a) **Burial** (b) Date thereof **5-8-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Resurrection Cemetery**

18. (a) Signature of funeral director **C.R. Lupton & Sons.**
(b) Address **7233 Delmar Blvd.**
19. (a) **5-7-48** (b) **Recil J. Sharp**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis, 96**
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. **7010 Etzel Ave.,** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **6**
year **1948** hour **1:30** minute **A.** M.
21. I hereby certify that I attended the deceased from **4/10/48** 19 **48** to **May 6** 19 **48**
that I last saw him alive on **May 5** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death
Terminal Pneumonia
bronchial
Concomitant of bronchus
& Right lung
Due to _____
Due to **Lung primary site**

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: **None**
Of operations: **None**
Of autopsy: **None**

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) (e) Means of injury _____
23. Signature **[Signature]** (M. D. or other)
Address **[Signature]** Date signed **5/7/48**

Missouri Death
93-9962
14.3 (EXCEPT
THUR)

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 Clarence A. Murray
Licensed Embalmer No. 4011
P. O. Address St. Louis, Mo

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.