

No. 300  
-10-47-  
5-17-39  
-1 3906

Registration District No. 318 Primary Registration District No. 100

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:  
Jewish Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Weeks  
(Specify whether years, months or days)

3: (a) PRINT FULL NAME John H. 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 Hilda Peters  
6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased December 28 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 8 3 hr. min.

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

10. Usual occupation Retired

11. Industry or business Trucker

MOTHER FATHER

12. Name Charles Peters

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

14. Maiden name Emma Saupe

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

16. (a) Informant Hilda Peters

(b) Address 4063 Miami St

17. (a) Cremation (b) Date thereof 9-4-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Ziegenhein Bros

(b) Address 6409 Grayvols Ave

19. (a) SEP 4 1948 (b) J. F. Brown  
(Date received local registrar) (Registrar's signature)

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. 4063 Miami St  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1st day September  
year 1948 hour 7:15 minute P. M.  
21. I hereby certify that I attended the deceased from aug. 9,  
1948, to Sept. 10, 1948;  
that I last saw him alive on Sept. 1, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of lung and lymph nodes 4mo.  
Due to Primary lung

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

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 \_\_\_\_\_  
Signature A. J. Steiner (M. D. or other) MD  
Address 634 N. Grand Date signed 9/2/48

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

*[Handwritten mark]*

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**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 *Henry M. Brammer*

Licensed Embalmer No. *4200*

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.**