

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2875

9902

#86614

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2875		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>000</i>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Mo.</i>		c. LENGTH OF STAY (In this place) <i>0</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		<i>17</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis City Hospital #1.</i>				d. STREET ADDRESS (If rural, give location) <i>3746 McRee</i>				
3. NAME OF DECEASED (Type or Print) a. (First) <i>HAZEL</i> b. (Middle) <i>Peetz</i> c. (Last) <i>CLAVIN</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>March 30th, 1949</i>					
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <i>D</i>	8. DATE OF BIRTH <i>April 26 1910</i>		9. AGE (In years) <i>38</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i>	IF UNDER 2 HRS. Hours <i>0</i> Min. <i>0</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Factory worker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Liggett + Meyers</i>		11. BIRTHPLACE (State or foreign country) <i>Steelville, Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13a. FATHER'S NAME <i>Henry Peetz</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Cummins</i>		14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>489-10-529</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs Ethel Gatlin 3946 McRee</i>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma - metastatic</i>				Right Brain.				
ANTECEDENT CAUSES				DUE TO (b) <i>Carcinoma - epidermoid</i>				
				DUE TO (c) <i>Rt. leg.</i>				
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				<i>53</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>as above.</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>1/12/49</i> , 19 <i>49</i> , to <i>3/29/49</i> , 19 <i>49</i> , that I last saw the deceased alive on <i>3/29/49</i> , 19 <i>49</i> , and that death occurred at <i>4:20 PM</i> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <i>E. H. Cason, M.D.</i>				23b. ADDRESS <i>1515 Lafayette Ave.,</i>		23c. DATE SIGNED <i>3/29/49</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>April 1 1949</i>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <i>Steelville Mo</i>			
DATE REC'D BY LOCAL REG. <i>MAR 30 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Lassiter</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Alexander & Sons 6175 Holman</i>				

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.....

Student Embalmer No.

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Geo. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6135 Pellm

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.