

FILED JUL 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24396

State File No. ....

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

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BIRTH NO. ....		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4427</u>		Registrar's No. <u>91</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>New Jersey</u> b. COUNTY <u>Essex</u>			
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Waynesville</u>		c. LENGTH OF STAY (In this place) <u>6 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Short Hills</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>DeWitt Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>324 White Oak Ridge Road</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Ralph</u>		b. (Middle) <u>Algernon</u>		c. (Last) <u>Peters</u>	
4. DATE OF DEATH		(Month) <u>July</u>		(Day) <u>6,</u>		(Year) <u>1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 13, 1884</u>		9. AGE (In years last birthday) <u>65</u>	
IF UNDER 1 YEAR Months <u>1</u> Days <u>13</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Soap</u>		11. BIRTHPLACE (State or foreign country) <u>Sagerstown, Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Hiram Peters</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna Marchand</u>		14. NAME OF HUSBAND OR WIFE <u>Anna K. Peters</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>157-10-3501</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Charles S. Altemus</u> <u>324 White Oak Ridge Road</u> <u>Short Hills, N.J.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary thrombosis</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>chronic myocarditis</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 6, 1949</u> , to <u>July 6, 1949</u> , that I last saw the deceased alive on <u>July 6, 1949</u> , and that death occurred at <u>11:14 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. O. Dewitt</u>				23b. ADDRESS <u>DeWitt Hosp. Waynesville, Mo.</u>		23c. DATE SIGNED <u>7-14-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify removal)		24b. DATE <u>7/8/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-18-49</u>		REGISTRAR'S SIGNATURE <u>Thelma C. Buckthorn</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thelma C. Buckthorn</u>		ADDRESS <u>beria, Mo.</u>	

JUL 18 1949

**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 Walter P. Hedges

Signed.....  
Student Embalmer

Licensed Embalmer No. 4265

P. O. Address Henri, 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.