

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42845

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10831

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis, <i>11</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City <i>76</i>	
c. LENGTH OF STAY (in this place) 2 Days		d. STREET ADDRESS (If rural, give location) <i>NR</i> - 6600 Washington Blvd., <i>25</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Mary	b. (Middle)	c. (Last) Peters	4. DATE OF DEATH (Month) (Day) (Year) December 15th, 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 17th, 1870	9. AGE (In years last birthday) 79	10. MONTHS 0	11. DAYS 28	12. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Fairfield, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Wood	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Late H. C. Peters
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Juniata Pieper, 4737 Natural Bridge Blvd.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>In Left Hip; Acute Pneumonia</i> <i>chronic Myocarditis; Chronic interstitial Nephritis; suffered when deceased fell to the linoleum</i> DUE TO <i>covered floor in her room at the Christian Old Folk's Home at 6600 Washington Blvd., on</i>		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO <i>covered floor in her room at the Christian Old Folk's Home at 6600 Washington Blvd., on</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>Dec 13 1949 about 2:15 PM Accident</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>at her home</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo Mo</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Dec 13 49 2:15 p.m.</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>fell</i>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *9:30 A.M.*, from the causes and on the date stated above. *11*

23a. SIGNATURE (Degree or title) <i>Patrick E. Taylor, Coroner</i>	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>12/16/49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal - Noter	24b. DATE <i>12/16/49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Fairfield, Illinois</i>	24d. LOCATION (City, town, or county) (State) <i>Fairfield, Illinois</i>
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DATE REC'D BY LOCAL REGISTRY <i>DEC 16 1949</i>	REGISTRAR'S SIGNATURE <i>J. B. Lasater</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Calvin F. Feutz, 4828 Natural Bridge Bl.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

John A. Miller

Licensed Embalmer No. *4186*

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.