

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>ST. CLAIR</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EAST ST. LOUIS 8120</u>	
c. LENGTH OF STAY (In this place) <u>16 days</u>		d. STREET ADDRESS (If rural, give location) <u>1632 A. N. 25 ST. 8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Peter</u> b. (Middle) <u>John</u> c. (Last) <u>Deatherage</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 4, 1950</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MAY 28 1921</u>	9. AGE (In years last birthday) <u>29</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNEMPLOYED</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>EAST ST. LOUIS, ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>PETER DEATHERAGE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY FORAN</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give year or date of service) <u>WORLD WAR II</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Deatherage</u> ADDRESS <u>EAST ST. LOUIS</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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bleeding posterior duodenal peptic ulcer</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) _____			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>10/3/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Bleeding peptic ulcer</u>		20. AUTOPSY? YES <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>540.1</u>	

22. I hereby certify that I attended the deceased from Sept. 19, 1950 to Oct. 4, 1950, that I last saw the deceased alive on Oct. 4, 1950, and that death occurred at 10:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H.R. Bradley</u> (Degree or title)		23b. ADDRESS <u>BARNES HOSPITAL</u>		23c. DATE SIGNED <u>10/4/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>Oct 4 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>EAG ST. LOUIS, ILL</u>	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. <u>OCT 5 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. M. Burke</u> ADDRESS <u>F. ST. LOUIS</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Chas. M. Burke

Signed.....

Student Embalmer

Licensed Embalmer No. 2421

P. O. Address EAST ST. LOUIS, ILL

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.