

FILED FEB 9 1951

STANDARD CERTIFICATE OF DEATH

State File No. 2876

52

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b>		4346	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Park Lane Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>7044 Lindell Blvd.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JASPER</b> b. (Middle) <b>N.</b> c. (Last) <b>PETERS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 4 1951</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 29, 1871</b>		9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Fur Buyer</b>	10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Grundy Co. Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Unknown Peters</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Grace Peters</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Grace Peters 7044 Lindell Blvd.</b>			
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) <b>Myocardial Degeneration</b>					INTERVAL BETWEEN ONSET AND DEATH _____	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic</b>						
	DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>arteriosclerosis</b>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>H2H2</b>			
22. I hereby certify that I attended the deceased from <b>1-1-51</b> , 19 <b>51</b> , to <b>1-4</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>1-3</b> , 19 <b>51</b> , and that death occurred at <b>6:00 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>PB Cappel</b> (Degree or title) _____				23b. ADDRESS <b>3284 Prohues ave</b>		23c. DATE SIGNED <b>1-4-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal (Mtr)</b>		24b. DATE <b>Jan. 4, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Chillicothe, Mo.</b>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <b>JAN 4 1951</b>		REGISTRAR'S SIGNATURE <b>J B Lanter</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser 4228 S. Kingshighway Bl.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

3284 Skranthoe

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..... *Richard W. Stovesand* .....

Student Embalmer .....

Licensed Embalmer No. *4007* .....

P. O. Address.....

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.