

FILED DEC 8 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40289

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>3754</u>			
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS 4000 4</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHARSONVILLE</u>		c. LENGTH OF STAY (in this place) <u>11 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS 2019</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PENN NURSING HOME</u>				d. STREET ADDRESS (If rural, give location) <u>4073 TOENGES</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u>			b. (Middle) <u>A.</u>		c. (Last) <u>PETERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 19 1951</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC. 24 1885</u>		9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALES MAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ATLANTIS SALES</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO.</u>		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <u>AUGUST PETERS</u>		13b. MOTHER'S MAIDEN NAME <u>MOLLIE SEHR</u>		14. NAME OF HUSBAND OR WIFE <u>JOSEPHINE PETERS</u>					
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. <u>073-10-6528</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JOSEPHINE PETERS MAPLEWOOD MO.</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, 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) <u>Cerebral accident</u>				DUPLICATE OF (a) <u>Hypertensive C. V. Disease 20</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUPLICATE OF (b) <u>Arteriosclerosis</u>				<u>20</u>	
DUPLICATE OF (c) <u>Marked Deterioration</u>				DUPLICATE OF (c) <u>Marked Deterioration</u>				<u>2 1/2 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY <u>4-4-3X</u> 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 <u>8-18</u> , 19 <u>50</u> , to <u>11-19</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-13</u> , 19 <u>51</u> , and that death occurred at <u>9:45 A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>C. A. Nester MD</u>				23b. ADDRESS <u>5600 S. Cuyler</u>		23c. DATE SIGNED <u>11-19-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>Nov. 21 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MISSOURI CREMATORY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>				
DATE REC'D BY LOCAL REG. <u>11-20-51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kutis 2906 Harris</u>					

(Licensed Embalmer's Signature on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Leo J. Buddle

Licensed Embalmer No. 3989

P. O. Address 2906 Grand Ave

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.