

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25653

State File No.

FILED JUL 22 1952
BIRTH NO. 16974 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6333

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2019			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 8221 Reilly	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony's Hospital						
3. NAME OF DECEASED (Type or Print) a. (First) Peggy b. (Middle) c. (Last) Chilton			4. DATE OF DEATH (Month) (Day) (Year) June 29, 1952			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 18, 1952	9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give last of - done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo. O		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Claude Chilton		13b. MOTHER'S MAIDEN NAME Bessie Henson		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or name of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Claude Chilton, 8221 Reilly			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 330 * 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) Partial Heat Exhaustion				INTERVAL BETWEEN ONSET AND DEATH 1 day		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Broncho-pneumonia DUE TO (c)				3 wks.		
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? 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 491 XF			
22. I hereby certify that I attended the deceased from June 9, 1952, to June 29, 1952, that I last saw the deceased alive on June 29, 1952, and that death occurred at 6:00 a.m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) George A. O'Sullivan, M.D.		23b. ADDRESS 421 W. Schumner		23c. DATE SIGNED 7-1-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-29-52	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Piedmont, Mo.			
DATE REC'D BY LOCAL REG. JUL 2 1952	REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4800 Washington Blvd.			

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 me

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed W. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis 740

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.