

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29889

FILED AUG 23 1952

State File No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7522		
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Madison				
b. CITY (If outside corporate limits, write RURAL and give township) ST Louis mo		c. LENGTH OF STAY (in the place) 14 da.		c. CITY (If outside corporate limits, write RURAL and give township) Edwardsville		8		
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				d. STREET ADDRESS (If rural, give location) R.F.D.#3				
3. NAME OF DECEASED (Type or Print) Ella M Peters			a. (First) Ella		b. (Middle) M		c. (Last) Peters	
4. DATE OF DEATH (Month) (Day) (Year) 8-6-52		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
8. DATE OF BIRTH Aug. 15, 1902		9. AGE (In years last birthday) 49		IF UNDER 1 YEAR Months Days Hours Min.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At. Home		11. BIRTHPLACE (City and State or Foreign Country) Madison, County, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Otto Naumann		13b. MOTHER'S MAIDEN NAME Caroline Kramer		14. NAME OF HUSBAND OR WIFE Ferd W.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ferd W. Peters, Edwardsville, Ill.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Far advanced pulmonary tuberculosis ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> _____ _____ _____						
19a. DATE OF OPERATION 8/4/52		19b. MAJOR FINDINGS OF OPERATION Pneumonectomy				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? 002X				
22. I hereby certify that I attended the deceased from July 24, 1952 , to Aug 6, 1952 , that I last saw the deceased alive on 9/6, 1952 , and that death occurred at 2:30 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) F.R. Bradley M.D.				23b. ADDRESS Barnes Hospital		23c. DATE SIGNED 8/6/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-6-52		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Edwardsville, Illinois		
DATE REC'D BY LOCAL REG. AUG 7 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weber Funeral Home, Edwardsville, Ill.				

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

(Licensed Embalmer's Statement on Reverse Side)

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 _____

B. H. W. W.

Licensed Embalmer No. 3207

P. O. Address Lawsonville, Va.

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.