

XC-2 295 470

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **37286.**

Reg. #103,082
 NOV 14 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2798

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEMAY	
c. LENGTH OF STAY (In this place) 12 1/2		4870	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		d. STREET ADDRESS (If rural, give location) 9624 JOPLIN	

3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) A. c. (Last) PETERS		4. DATE OF DEATH (Month) (Day) (Year) 10-29-52	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 12-17-1875
9. AGE (In years last birthday) 76	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GUARD		11. BIRTHPLACE (City and State or Foreign Country) ENGLAND (City Unknown)
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY PLANT GUARD	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ANDREW PETERS	13b. MOTHER'S MAIDEN NAME HARRIET STEVENS	14. NAME OF HUSBAND OR WIFE DECEASED
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) SPAW	16. SOCIAL SECURITY NO. 498-26-1944	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS., MO. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PNEUMONIA, BRONCHIAL		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) ADENOCARCINOMA OF GALL BLADDER WITH METASTASES		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		155X		

19a. DATE OF OPERATION 10-23-52	19b. MAJOR FINDINGS OF OPERATION ADENOCARCINOMA OF GALL BLADDER WITH METASTASES	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	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) VA	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 June 27, 1952, to Oct. 29, 1952, and that death occurred at 10:10 Pm., from the causes and on the date stated above.

23a. SIGNATURE Jos. T. Kaminskas (Degree or title) M.D.	23b. ADDRESS VA HOSP., JEFF. BRKS., MO.	23c. DATE SIGNED 10-30-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/3/52	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY
24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.		

DATE REC'D BY LOCAL REG. 10-31-52	REGISTRAR'S SIGNATURE Herbert R. Domb - 19.12	25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister ADDRESS 7811 So. Bawdy, St. Louis, Mo.
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P.T. (Licensed Embalmer's Statement on Reverse Side)

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

4000

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 Levin C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.