

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12138

State File No.

FILED APR 4 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 2934

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) De Soto 0502	
c. LENGTH OF STAY (in this place) 4 DAYS		d. STREET ADDRESS (If rural, give location) 920 So. Third St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL			
3. NAME OF DECEASED (Type or Print) a. (First) LULU	b. (Middle) May	c. (Last) PEER	4. DATE OF DEATH (Month) (Day) (Year) 3 17 53
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH Sept. 25-1878
9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days	IF UNDER 10 YRS. Hours Mins.	
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) Coshocton, Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James K. Pandles	13b. MOTHER'S MAIDEN NAME Rubina Bailey	13c. NAME OF HUSBAND OR WIFE Wm. Peer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Donald Perkins, Wash. D.C.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Hydronephrosis		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b)			
DUE TO (c)			
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 601X	
22. I hereby certify that I attended the deceased from 3-11 , 19 53 , to 3-17 , 19 53 , that I last saw the deceased alive on 3-17 , 19 53 , and that death occurred at 4:00 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE R. H. Ramsey	(Degree or title) M.D.	23b. ADDRESS EARNES HOSPITAL	23c. DATE SIGNED 3-17-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-20-53	24c. NAME OF CEMETERY OR CREMATORY Poplar Bluff, Mo.	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. MAR 18 1953	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS See Mathews Co Soto, Mo	

WRITE PLAINLY—USING UNFADEING 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

Andrew H. England

Licensed Embalmer No.

47045

P. O. Address

Wesley, Mo

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.