

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16088**
Registrar's No. **4213**

FILED MAY 14 1953

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY 2029	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5436 LOUGHBOROUGH		e. STREET ADDRESS (If rural, give location) 5436 LOUGHBOROUGH	
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPHINE b. (Middle) BECKER c. (Last) PELTIER			4. DATE OF DEATH (Month) (Day) (Year) APR. 22 1953
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN 6 1866
9. AGE (In years last birthday) 87		10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME FRED GERAU		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE		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 JOSEPHINE STIEHR 5436 LOUGHBOROUGH	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial Disease ANTECEDENT CAUSES Morbid 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 None	
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? 4222		22. I hereby certify that I attended the deceased from July 1949 , to April 22, 1953 , that I last saw the deceased alive on April 22, 1949 , and that death occurred at 4:20 P. M. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Paul B. Reble, M.D.		23b. ADDRESS 1915^a Sidney St.	
23c. DATE SIGNED 4/23/53		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE APR. 25 1953		24c. NAME OF CEMETERY OR CREMATORY ST. PETER & PAUL CEM.	
24d. LOCATION (City, town, or county) (State) ST. LOUIS. MO.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Davis	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 23 1953		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Davis	

WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed..... *Samuel C. Hill*

Licensed Embalmer No. *4342*

P. O. Address *2606 Pennsylvania*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.