

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23080

State File No. ....

5517

FILED JUN 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>INA</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>R.R. MT. VERNON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Childrens Hospital</u>		_____	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>KATHERINE</u>	b. (Middle) <u>MAE</u>	c. (Last) <u>PECK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6 2 1953</u>
-------------------------------------	-----------------------------	------------------------	-----------------------	---

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>4-11-53</u>	9. AGE (In years last birthday) <u>1</u> (Months) <u>22</u> (Days) _____
----------------------	-------------------------------	--	---------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
---	---	---	--

13a. FATHER'S NAME <u>HOWARD PECK</u>	13b. MOTHER'S MAIDEN NAME <u>MILDRED RICE</u>	14. NAME OF HUSBAND OR WIFE _____
---------------------------------------	---	-----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>M. McNeil</u> ADDRESS <u>500 So. Kingshighway</u>
---	-------------------------------	--

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tetralogy of Fallot</u>		
	ANTECEDENT CAUSES 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. <u>Microthemia</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <u>7540</u>
---	--	--

22. I hereby certify that I attended the deceased from 5-12, 1953, to 6-2, 1953 that I last saw the deceased alive on 6-2, 1953, and that death occurred at 6:00 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. L. Thurston</u> (Degree or title)	23b. ADDRESS <u>St. Louis Childrens Hospital</u>	23c. DATE SIGNED <u>6-3-53</u>
---	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>June 5 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ina Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ina, Illinois</u>
---	------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>JUN 3 1953</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Thurston</u> ADDRESS <u>St. Louis</u>
--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed \_\_\_\_\_

Licensed Embalmer No. ....

P. O. Address \_\_\_\_\_

*Not Embalmed*

*W. Kurusz*  
3162  
E St Louis

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.