

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 15 1953

State File No. **33854**
Registrar's No. **8882**

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|--|---|--|---|---|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 8882 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) _____ | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4166 Lindell | | | | e. STREET ADDRESS (If rural, give location) 4166 Lindell | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Irene | | | b. (Middle) M. | | c. (Last) Peddycord | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 12, 1953 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH July 8, 1882 | | 9. AGE (In years last birthday) 71 | IF UNDER 1 YEAR Months 2 Days 4 | IF UNDER 24 HRS. Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) / Nashville, Tenn. | | 12. CITIZEN OF WHAT COUNTRY? _____ | |
| 13a. FATHER'S NAME Thomas Matthews | | 13b. MOTHER'S MAIDEN NAME Lenora Ashbrook | | 14. NAME OF HUSBAND OR WIFE Jack Peddycord | | | |
| 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. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur F. Hunn 4616 Lindell Blvd. | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis, recurring pyelitis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 1/2 years 5 years | |
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | 20. AUTOPSY? YES <input 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) 600.0 | | | |
| 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? _____ | | | |
| 22. I hereby certify that I attended the deceased from Sept 20, 1953 to Sept 12, 1953 that I last saw the deceased alive on Sept 22, 1953 , and that death occurred at 2:00 a.m. from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <i>[Signature]</i> | | | 23b. ADDRESS 958 Acacia Bldg | | 23c. DATE SIGNED Sept 53 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation | | 24b. DATE 9/15/53 | 24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | | |
| DATE RECD BY LOCAL REGISTRAR'S SIGNATURE SEP 14 1953 | | REGISTRAR'S SIGNATURE <i>[Signature]</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. P. Stuart 1225 Union | | | |

WRITE PLAINLY—USING UNFADING 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 *Melvin J. Kemper*

Licensed Embalmer No. *405*

P. O. Address *3505 Oak*

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.

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