V.S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40991

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10562

0

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. LUKES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY 2127
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis 0
d. STREET ADDRESS (If rural, give location) 12 4944 Lindell Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First) HELEN
b. (Middle) JOHNSTON
c. (Last) PETERS.

4. DATE OF DEATH (Month) (Day) (Year) Nov. 6, 1953

5. SEX Female /

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Feb. 27, 1881

9. AGE (In years last birthday) 72 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

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) New York City, N.Y. /

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert Johnson

13b. MOTHER'S MAIDEN NAME Helen Armour Wilkie.

14. NAME OF HUSBAND OR WIFE Frederick Peters.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert D. Mudd., 4944 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Cardiovascular disease — years.

DUE TO (c) Abdominal Aortic Aneurysm — years.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Perforated Duodenal Ulcer — 5 days.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 4221

22. *I hereby certify that I attended the deceased from* 9/49 19__, *to* 11/6, 1953, *that I last saw the deceased alive on* 11/6/53 19__, *and that death occurred at* 11 15A m., *from the causes and on the date stated above.*

23a. SIGNATURE W Baumgarten Jr - MDO (Degree or title)

23b. ADDRESS 3720 Washington Ave

23c. DATE SIGNED 11/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11/9/1953

24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery

24d. LOCATION (City, town, or county) St.Louis, (State) Missouri

DATE REC'D BY LOCAL REG. NOV 7 1953

REGISTRAR'S SIGNATURE J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R.Lupton & Sons. 7233 Delmar Blvd.

S.P. (Licensed Embalmer's Statement on Reverse Side)

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 _____
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.