

FILED DEC 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44422**
Registrar's No. **11657**

BIRTH NO. _____ 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 MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS, MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS, MO	
c. LENGTH OF STAY (in this place) 2 YEARS		d. STREET ADDRESS (If rural, give location) 5638 TERRY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5638 TERRY		e. STREET ADDRESS 5638 TERRY	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) STELLA	b. (Middle) MAE	c. (Last) PEAK	DEC 9 1953		
5. SEX FEMALE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH APR 29 1868	9. AGE (In years last birthday) 95	10. IF UNDER 1 YEAR Months Days 95
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK	11. BIRTHPLACE (City and State or Foreign Country) MADISON IND	12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME HUMPHREY NEAL	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE DECEASED
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 E. D. MILLS 6220 GREER PINE LAWN

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation due to atherosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 10 Mo.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) cerebral arteriosclerosis with right hemiplegia. Due to (c) amputation left leg due to atherosclerotic gangrene.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic gangrene,			9 Mo.

19a. DATE OF OPERATION 3-7-53	19b. MAJOR FINDINGS OF OPERATION amputation left leg for gangrene	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) no.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) no.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200

22. I hereby certify that I attended the deceased from **Mar 9, 1953**, to **Dec 9, 1953**, that I last saw the deceased alive on **Dec 9, 1953**, and that death occurred at **4 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter B. Borden - M.D.	23b. ADDRESS 3803 evelyn st	23c. DATE SIGNED 12-9-53
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE DEC 14 1953	24c. NAME OF CEMETERY OR CREMATORY GLEN ALLEN CEMETERY
24d. LOCATION (City, town, or county) (State) GLEN ALLEN MO		

DATE REC'D BY LOCAL REG. DEC 10 1953	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BAKER FUNERAL HOME
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

1910

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, by

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed A. J. Baker

Licensed Embalmer No. 3573

P. O. Address Tulsa, Okla. 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.