

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

10337

State File No.

2533

Registrar's No.

FILED MAR 30 1954

318

1003

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

| | | | | | |
|---|------------------------|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. | | b. COUNTY 2069 | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) 5 Days | | c. CITY OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital | | e. STREET ADDRESS (If rural, give location) 5818 Cote Brilliant Ave. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) J. c. (Last) Peters | | | 4. DATE OF DEATH (Month) (Day) (Year) Mar. 18, 1954 | | |
| 5. SEX M. 0 | 6. COLOR OR RACE W. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH June 17, 1884 | |
| 9. AGE (In years last birthday) 72 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker | | 11. BIRTHPLACE (City and State or Foreign Country) Big Spring, Texas / | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY Retiredd | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME Leonard P. Peters | | 13b. MOTHER'S MAIDEN NAME Ella Cooper | | 14. NAME OF HUSBAND OR WIFE Christine Peters | |
| 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 Mrs. Christine Peters | |
| 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) <u>Arterio-sclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arterio-sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Auricular fibrillation.</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>Since 1942</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) m. | | 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 <u>June 26</u> , 19 <u>42</u> , to <u>Mar. 18</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Mar. 18</u> , 19 <u>54</u> , and that death occurred at <u>9.40 P m.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>Hiram L. Leggett</u> | | | 23b. ADDRESS <u>3720 Wash St Blvd</u> | | 23c. DATE SIGNED <u>Mar. 19, 1954</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 3-22-54 | | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | |
| 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | DATE REC'D BY LOCAL REG. MAR 19 1954 | | | |
| REGISTRAR'S SIGNATURE <u>J. Earl Smith</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Dowdell</u> | | |
| 25. FUNERAL DIRECTOR'S SIGNATURE | | | ADDRESS <u>3840 Wendell</u> | | |

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

(Licensed Embalmer's Statement on Reverse Side)

2/20 Marking let
1:30 P.M.

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed [Signature].....

Licensed Embalmer No. 418

P. O. Address [Signature].....

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.