

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

State File No. **10576**

No. 300
10-48

FILED MAR 23 1954

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **570**

1. PLACE OF DEATH a. COUNTY ST. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY ST. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON		c. CITY OR TOWN LEMAy 4870	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 wks.		e. STREET ADDRESS (If rural, give location) 155 W. FELTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. Louis COUNTY Hosp			

3. NAME OF DECEASED (Type or Print) Peav			4. DATE OF DEATH (Month) (Day) (Year) 3-5-54		
a. (First)	b. (Middle)	c. (Last)			

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 15 1909	9. AGE (In years last birthday) 44	10. IF UNDER 1 YEAR Months	11. IF UNDER 1 HR. Days	12. IF UNDER 1 MIN. Hours	13. IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SANDER	10b. KIND OF BUSINESS OR INDUSTRY CHAMPANE Co	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME SPEARCK BANKS	13b. MOTHER'S MAIDEN NAME Vieve BANKS	14. NAME OF HUSBAND OR WIFE LAWRENCE BLAKE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give no. or date of service) No	17. INFORMANT'S SIGNATURE OR NAME LAWRENCE BLAKE	18. ADDRESS 155 W. FELTON
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema & cardiac failure		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary tuberculosis & pleural effusion		
	DUE TO (c) hypertension & gastro-intestinal hemorrhage		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 002 X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-5, 1954 to 3-5, 1954, that I last saw the deceased alive on 3-5, 1954 and that death occurred at 8:20pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Gary Gary M.D.	23b. ADDRESS 601 S. Brentwood	23c. DATE SIGNED 3/6/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/6/54	24c. NAME OF CEMETERY OR CREMATORY MT. Hope Cemetery	24d. LOCATION (City, town, or county) (State) LEMAy 23 Mo
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DATE REC'D BY LOCAL REG. 3/6/54	REGISTRAR'S SIGNATURE Hebert B. Spence	25. FUNERAL DIRECTOR'S SIGNATURE M. Fendler	ADDRESS UND. Co 7420 Michigan
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(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.....
Signature of Student Embalmer

Signed *W. G. Peterson*.....

Licensed Embalmer No. *37*.....

P. O. Address *7420 Mich*.....

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.