No. 300
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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 25069

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6963

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

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo.
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): City Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 15 4553 Morganford Rd. 215 9/0

**3. NAME OF DECEASED** (Type or Print)
a. (First) b. (Middle) c. (Last): Margaret Pepper

**4. DATE OF DEATH** (Month) (Day) (Year): Jul. 26, 1954

**5. SEX**: female 1
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): widowed
**8. DATE OF BIRTH**: Nov. 18, 1864
**9. AGE** (In years last birthday): 89 — 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): none
**10b. KIND OF BUSINESS OR INDUSTRY**: none
**11. BIRTHPLACE** (City and State or Foreign Country): Missouri
**12. CITIZEN OF WHAT COUNTRY?**

**13a. FATHER'S NAME**: Unk.
**13b. MOTHER'S MAIDEN NAME**: Alice Unk.
**14. NAME OF HUSBAND OR WIFE**: Walter Pepper

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no — (If yes, give war or dates of service): none
**16. SOCIAL SECURITY NO.**: none
**17. INFORMANT'S SIGNATURE OR NAME** — ADDRESS: Thos. Pepper 4553 Morganford Rd.

**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** — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of right femur suffered in fall on July 20 1954 at Little Sisters of the Poor 3400 South Grand Blvd. Senility; Generalized Arteria Sclerosis Accident

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

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 ☐ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): St Louis Mo
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): July 20 54 ? m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** ooo E9047

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 5:20 A m., from the causes and on the date stated above.* 45

**23a. SIGNATURE** (Degree or title): Patrick Gaylor Coroner
**23b. ADDRESS**: 1300 Clark
**23c. DATE SIGNED**: 7 28 54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 7-29-54
**24c. NAME OF CEMETERY OR CREMATORY**: Calvary Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis, Missouri

**DATE REC'D BY LOCAL REG.**: JUL 28 1954
**REGISTRAR'S SIGNATURE**: J. Earl Smith MD MKB
**25. FUNERAL DIRECTOR'S SIGNATURE** — ADDRESS: Southern Funeral Home 6322 S. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed David Van Fossan

Licensed Embalmer No. 424

P. O. Address 6 322 [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.