

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29890

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1032

2

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>City of St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>74-07-20 day</u>	c. CITY OR TOWN <u>St. Louis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 2</u>		e. STREET ADDRESS (If rural, give location) <u>3452 Miami 2169</u>	

3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Edward</u> c. (Last) <u>Peiter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 20 1954</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Dec 6 - 1887</u>		9. AGE (In years last birthday) Months Days <u>66 9 14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labors</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Peiter</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Jacob</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>497-03-5888</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Harry Wolf, St. Louis Mo</u>		ADDRESS <u>261 1st Ave</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>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>Manic Depressive Psychosis Manic type</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1954, to Sept 20, 1954, that I last saw the deceased alive on Sept 20, 1954, and that death occurred at 2:45 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Forrest Holmes M.D.</u>	23b. ADDRESS <u>St. Joseph Mo A State Hosp. no 2</u>	23c. DATE SIGNED <u>9-20 54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Sept. 20, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Louis Mo</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Sept 27, 1954</u>	REGISTRAR'S SIGNATURE <u>Esther M. Allison</u>	485	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stoney Funeral Home</u>	ADDRESS <u>St. Joseph Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

OCT 7 1954

OCT 4 1954

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 *Charles E. Bennett*.....

Licensed Embalmer No. *4632*

P. O. Address *St. Joseph*.....

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.