

No. 300  
0.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 18 1955

State File No. 13772  
Registrar's No. 3026

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 <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>16 3955 S. Grand Blvd. 2169 D</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ALPHONSE</b>	b. (Middle) <b>A.</b>	c. (Last) <b>PEISCH</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 3 1955</b>
-------------------------------------	----------------------------	-----------------------	-------------------------	--

5. SEX <b>Male 0</b>	6. COLOR (OR RACE) <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>Aug. 24, 1869</b>	9. AGE (In years last birthday) <b>85 yrs.</b>	f UNDER 1 YEAR Months	g UNDER 24 HRS. Days	h UNDER 24 HRS. Hours	i MIN. Min.
----------------------	---------------------------------	---	---------------------------------------	--	-----------------------	----------------------	-----------------------	-------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter-Contractor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Building Painter</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	--	---	---

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Anna Goeb Peisch</b>
--------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss Louise Goeb, 3955 S. Grand Blvd.</b>
--	-------------------------	---

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Fracture of Left Hip;</b> <b>Generalized Arteriosclerosis;</b> <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>when deceased fell to floor</b> DUE TO (c) <b>the City Infirmary on July 21, 1955 about 4:45 pm</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Accident</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	---	--

21a. ACCIDENT (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, in a factory, street, office bldg., etc.) <b>Infirmary</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis MO</b>
---	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 21 55 4:45 pm</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>E9037</b>
---	--	--

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 **2:35 A m.**, from the causes and on the date stated above. **44**

23a. SIGNATURE (Degree or title) <b>John C. E. Doyle</b>	23b. ADDRESS <b>1300 Clarissa</b>	23c. DATE SIGNED <b>4/1/55</b>
---	--------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-6-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SS Peter &amp; Paul Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
---	-------------------------	--	--

DATE REC'D BY LOCAL REG. <b>APR 4 1955</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>BEIDERWIENEN F.H. INC., 1936 St. Louis Ave.</b>
--	---	--

(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 David Russell

Licensed Embalmer No. 45  
P. O. Address St Louis

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.