

FILED JUN 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20570

BIRTH NO. 1 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1309

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>ST Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST JOHN 201</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST LOUIS CO HOSPITAL</u> | | d. STREET ADDRESS (If rural, give location) <u>8668 MORAN</u> | |

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|--|--|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ESTHER</u> b. (Middle) <u>BAILEY</u> c. (Last) <u>PEFFERMAN</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 6 1955</u> | | |
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SCHOOL TEACHER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>School</u> | | 8. DATE OF BIRTH <u>DEC 14 1900</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>WASHINGTON MISSOURI</u> | | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>54</u> | | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | | |

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|---|--|--|--|--|--|
| 13a. FATHER'S NAME <u>BENJ. F. BAILEY</u> | | 13b. MOTHER'S MAIDEN NAME <u>MAMIE BROWN</u> | | 14. NAME OF HUSBAND OR WIFE <u>F. LESTER PEFFERMAN</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>F. LESTER PEFFERMAN WASHINGTON MO</u> | |

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|--|--|--|--|--|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Injury to thoracic viscera due to crushed chest and fractured ribs, DUE TO (b) complicated by a probable basal skull fracture. Automobile she was operating went out of control on a curve on wet pavement causing her to be thrown from the car, the wheels passing over her body.</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | DUE TO (c) <u>operating went out of control on a curve on wet pavement causing her to be thrown from the car, the wheels passing over her body.</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 8234 | |

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|--|--|---|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural St. Louis Mo.</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6/6/55 9:35 A</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Car she was operating skidded on wet pavement causing her to lose control.</u> | |

22. I hereby certify that I attended the deceased from tonight to tonight, 1955, that I last saw the deceased alive on 6/6/55, 1955, and that death occurred at 9:35 m., from the causes and on the date stated above.

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|---|--|---|--|---|--|
| 23a. SIGNATURE <u>Arnold J. Willmann</u> (Degree or title) <u>Coroner</u> | | 23b. ADDRESS <u>Clayton, Mo.</u> | | 23c. DATE SIGNED <u>6/7/55</u> | |
| 24a. BURIAL CREMA TION REMOVAL <u>BURIAL</u> | | 24b. DATE <u>6-9-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>MOUNT LEBANON</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>PATTONVILLE MO</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest Williams</u> | | ADDRESS <u>9709 Hack Road</u> | |
| DATE REC'D BY LOCAL REG. <u>6/8/55</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest Williams</u> | |

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
Student Embalmer

Signed.....

Earl S. Hellemann

Licensed Embalmer No. *13501*

P. O. Address *Overland, 14 M*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.