

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31328

State File No.

FILED OCT 3 - 1955

1003

Registrar's No. 8076

BIRTH NO. 71470-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO.

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

1. PLACE OF DEATH a. COUNTY		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>St Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ladue 4431</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Louis Maternity</u>		d. STREET ADDRESS (If rural, give location) <u>#15 Rio Vista</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>Ben</u>	b. (Middle)	c. (Last) <u>Peck</u>	<u>August 31 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>August 26 1955</u>	9. AGE (In years last birthday)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Missouri</u>	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>Ben Peck</u>	13b. MOTHER'S MAIDEN NAME <u>Dorothy Marie Liebetrau</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Marie Peck</u>	ADDRESS <u>Above</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		INTERVAL BETWEEN ONSET AND DEATH <u>5 days plus</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Immaturity incompatible with life</u>		
	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 <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)
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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?
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22. I hereby certify that I attended the deceased from August 26, 1955, to August 31, 1955, that I last saw the deceased alive on August 31, 1955, and that death occurred at 5:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Mitchell Yanson M.D.</u> (Degree or title)	23b. ADDRESS <u>201 S. Central Clayton</u>	23c. DATE SIGNED <u>9-1-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>9-30-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>SEP 14 1955</u>	REGISTRAR'S SIGNATURE <u>Earl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Skew</u> ADDRESS <u>404 Manhattan</u>
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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 _____

Licensed Embalmer No.

P. O. Address

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