

FILED NOV 15 1955

STANDARD CERTIFICATE OF DEATH

State File No. **35065**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **9286**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| c. LENGTH OF STAY (In this place) 1 Day | | d. Is 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 6110 Ridge Ave. | | e. STREET ADDRESS (If rural, give location) 1915 Hodiamente Ave 20670 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Eugene b. (Middle) J c. (Last) Peters | | | 4. DATE OF DEATH (Month) (Day) (Year) 10 23 55 | | |
| 5. SEX M | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH 3/6/1872 | | 9. AGE (In years last birthday) 83 | | 10. IF UNDER 1 YEAR Months Days | |
| 11. IF UNDER 1 YEAR Hours Min. | | 11. BIRTHPLACE (City and State or Foreign Country) Washington Co. Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S. A. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber | | 10b. KIND OF BUSINESS OR INDUSTRY Barber | | | |

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| 13a. FATHER'S NAME William Peters | | 13b. MOTHER'S MAIDEN NAME Catherine Harrison | | 14. NAME OF HUSBAND OR WIFE Effa May Peters | |
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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) No | | 16. SOCIAL SECURITY NO. 4902-38-1524 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Keppel E. Peters (Son) 6110 Ridge | |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Esophago - gastric junction | | INTERVAL BETWEEN ONSET AND DEATH 3 mo. | |
| 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. | | | |

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|------------------------|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 150 x | | 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 **15 Aug 1955** to **23 Oct 1955**, that I last saw the deceased alive on **23 Oct 1955**, and that death occurred at **6:30 P.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Luke A. Knesse MD | | 23b. ADDRESS 1506 Hodiamente Ave | | 23c. DATE SIGNED 10/24/55 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 10/26/55 | | 24c. NAME OF CEMETERY OR CREMATORY Meorial Park | |
| | | | | 24d. LOCATION (City, town, or county) (State) St. Louis Co. | |

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|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. OCT 24 1955 | | REGISTRAR'S SIGNATURE J. Carl Smith MD | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos W. Clark Fun Home Inc, 1125 Hodiamente | |
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(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 *W. E. Morris*.....

Licensed Embalmer No. *33*
P. O. Address *St. Louis*.....

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