

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22051

State File No.

FILED JUN 25 1956

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5580**

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) ST. LOUIS		c. CITY OR TOWN ST. LOUIS 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 CITY HOSPITAL #1		f. STREET ADDRESS (If rural, give location) 1449 HODIAMONT 2069	
3. NAME OF DECEASED a. (First) SIMION b. (Middle) WESLEY c. (Last) PECK		4. DATE OF DEATH (Month) (Day) (Year) 6 9 56	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT 28 1897
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNEMPLOYED	11. BIRTHPLACE (City and State or Foreign Country) CASH TEXAS
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOHN W PECK		13b. MOTHER'S MAIDEN NAME SALLY PUTMAN	
14. NAME OF HUSBAND OR WIFE HELEN PECK		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WWI	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS HELEN PECK 1449 HODIAMONT	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy 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"/>		334X	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:00 P. m., from the causes and on the date stated above.			
23a. SIGNATURE James M. Kelly		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 6-12-56		24a. BURIAL, CREMATION, OR REMOVAL (Specify)	
24b. DATE 6-13-56		24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	
24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earl Helleson Overland MO.	
DATE REC'D BY LOCAL REG. JUN 12 1956		REGISTRAR'S SIGNATURE Charles Smith MD	

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

9561 10 11 1900

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 *Earl F. Hollenhorst*

Licensed Embalmer No. *350*

P. O. Address *Orland*

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.