

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015457
STATE FILE NUMBER

FILED APR 17 1958

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 141

S. 300
1-57

0940
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FARMINGTON ST. FRANCOIS TWP.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>SAPPINGTON 4000</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital #45</u>		Length of stay in 1b <u>1 1/2, 5m, 3d</u>	d. STREET ADDRESS (If outside, give location) <u>ROUTE 6 EDDIE + PARK RD</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>CECELIA PECKRON</u>			4. DATE OF DEATH Month Day Year <u>MARCH 13 1958</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT 19, 1886</u>	9. AGE (In years last birthday) <u>71</u>	F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. <u>4 24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PIECE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SHELTON BEAUTY SUPPLY</u>	11. BIRTHPLACE (City and state or country) <u>Springfield, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u>
13a. FATHER'S NAME <u>ALLEN URA</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Gambrell</u>		14. NAME OF HUSBAND OR WIFE <u>FRANK O PECKRON</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>489-28-7160</u>	17. INFORMANT Address <u>SIDNEY PECKRON 6424 CLIFTON HILLS DR. ST. LOUIS, MO.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Tuberculosis - - - - - as revealed by x-ray 3-16-53.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Psychosis with cerebral arteriosclerosis.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>002X</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>March 30, 1953</u> to <u>March 13, 1958</u> and last saw her alive on <u>March 13, 1958</u> Death occurred at <u>10:43 A. M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>R. E. Jewell M.D.</u> (Degree or title)			22b. ADDRESS <u>State Hospital No. 4 Farmington, Missouri</u>		22c. DATE SIGNED <u>3-13-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>MARCH 15 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL PARK</u>		23d. LOCATION (City, town, or county) (State) <u>ST LOUIS COUNTY MO</u>	
24. FUNERAL DIRECTOR <u>Thomas Kutia</u> ADDRESS <u>2906 Gravois</u>		25. DATE RECD. BY LOCAL REG. <u>Mar. 13, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>		

(Licensed Embalmer's Statement on Reverse Side)

289

St. Louis, Mo.

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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 Signature of Student Embalmer

Signed *James E. Hill*

Licensed Embalmer No. *4347*

P. O. Address *2506 Shaw St. - 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.