

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-023616
 State File No. 5808
 Registrar's No.

FILED JUN 16 1958

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
18 b. CITY OR TOWN St. Louis		Missouri St. Louis	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Wellston 130/0	
d. FULL NAME OF HOSPITAL OR INSTITUTION. Park Lane Hospt		e. STREET ADDRESS (If rural, give location) 1712 Grove Ave.	
3. NAME OF DECEASED (Type or Print) Loretta		4. DATE OF DEATH (Month) (Day) (Year) 5-28-58	
5. SEX Female		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	
6. COLOR OR RACE White		8. DATE OF BIRTH 1-27-1892	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		9. AGE (In years last birthday) 66	
10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Ill.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME UNK	
13b. MOTHER'S MAIDEN NAME UNK		14. NAME OF HUSBAND OR WIFE Joseph Peters Dec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. UNK	
17. INFORMANT'S SIGNATURE OR NAME Lawrence Peters		ADDRESS 9211 Stansberry	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pancreatitis		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.		587.0	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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) (Min)		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 10:15 P.M., from the causes and on the date stated above.			
23. SIGNATURE Patrick F. Taylor Carver		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 5-29-58			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-31-58	
24c. NAME OF CEMETERY OR CREMATORY Galvany Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. MAY 29 1958		REGISTRAR'S SIGNATURE J. W. Clark	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS F. H. 1125 Hodiament Ave.	

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 *Edmond H. Remelico*.....

Licensed Embalmer No. *4283*.....

P. O. Address *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.