

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024187
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1690

HELD JUL 11 1958

1. PLACE OF DEATH
a. COUNTY **St. Louis**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **NORMANDY** Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **10816 Charles Pl.** Length of stay in 1b **YRS**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY **St. Louis**
c. CITY OR TOWN **NORMANDY** 4070 Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **10816 Charles Pl.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
WILLIAM E. PETERS

4. DATE OF DEATH Month Day Year
June 23 1958

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED NEVER MARRIED WIDOWED / DIVORCED 8. DATE OF BIRTH **Apr. 16, 1890** 9. AGE (In years last birthday) **68** 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Machinist** 10b. KIND OF BUSINESS OR INDUSTRY **Emerson Electric** 11. BIRTHPLACE (City and state or Country) **St. Louis Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John C. Peters** 13b. MOTHER'S MAIDEN NAME **Anna Wessell** 14. NAME OF HUSBAND OR WIFE **Augusta Peters**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT **John Peters** Address **5663 Leverette**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Acute Coronary Occlusion** INTERVAL BETWEEN ONSET AND DEATH **1 HR.**
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) **4201**

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 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 WORK NOT WHILE AT WORK 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 Death occurred at **6:22 AM** **for several years** and last saw him alive on **5-21-58** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Alfred Fleischman M.D.** 22b. ADDRESS **Overland 14, Mo. 2560A Woodson Rd** 22c. DATE SIGNED **6/24/58**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 23b. DATE **6/25/58** 23c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis County Mo.**

24. FUNERAL DIRECTOR **Buchholz Mortuary** ADDRESS **5967 W. Florissant** 25. DATE RECD. BY LOCAL REG. **6/24/58** 26. REGISTRAR'S SIGNATURE **Herbert R. Donke md**

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

MEDICAL CERTIFICATION

S. 300
v. 1-57
4001

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 *Wilfred J. Buckley*

Licensed Embalmer No. *4535*

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.