

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034456
STATE FILE NUMBER
9019

FILED OCT 3 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital		Length of stay in lb 2199	
d. STREET ADDRESS 4564 Clarence Ave.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Peter J. Little Sr.		4. DATE OF DEATH Month Day Year Sept. 17 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 20, 1887
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bottler		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Gallway Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Patrick Little	
13b. MOTHER'S MAIDEN NAME Ann Darcey		14. NAME OF HUSBAND OR WIFE Mary Little (deceased)	
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. 493-10-0127	
17. INFORMANT Peter Little		Address 4564 Clarence Ave.	
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 intestinal obstruction with peritonitis DUE TO (b) Diverticulitis DUE TO (c) Diverticulitis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 572.1
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 St. Louis		COUNTY Mo.	
20g. STATE		21. I attended the deceased from Death occurred at April 1955 to Sept. 17, 1958 and last saw him alive on Sept. 17, 1958 4:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Robert Potashnick M.D.		22b. ADDRESS 3720 Washington	
22c. DATE SIGNED 9/18/58		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-26-1958	
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) St. Louis Mo.	
24. FUNERAL DIRECTOR Gullinane Bros. 3320 N. Kingshighway		25. DATE RECD. BY LOCAL REG. SEP 18 1958	
26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		3.P.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *John S. Dennehy*
Licensed Embalmer No. 4194
P. O. Address St. Louis, Mo.

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.