

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011842
STATE FILE NUMBER

8 XC-1625131
Reg. 119890

FILED APR 6 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 830

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1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY MADISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN GRANITE CITY 8120 8
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMIN HOSP.		Length of stay in 1b 602 days	d. STREET ADDRESS RR #1
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First HENRY Middle J. Last JOHANNPETER			4. DATE OF DEATH Month 3 Day 26 Year 59			
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-5-95		9. AGE (In years last birthday) 64	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) MADISON, ILL.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME GUSTAVE JOHANNPETER		13b. MOTHER'S MAIDEN NAME MATHILDA UHL MANSEIK		14. NAME OF HUSBAND OR WIFE ROSE JOHANNPETER	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES NWL		16. SOCIAL SECURITY NO. 333-03-4021	17. INFORMANT Address VA HOSP RECORDS, JEFFERSON BARRACKS, MO.		
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PERITONITIS			INTERVAL BETWEEN ONSET AND DEATH Several Weeks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.	DUE TO (b) ADHESIONS AND PERFORATION OF BOWELS			Undetermined
	DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) BRONCHOPNEUMONIA - Several days			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. _____				
20d. INJURY OCCURRED WHILE AT WORK <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 **8-1-57** to **3-26-59**
Death occurred at **5:55 AM** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. OPLER (Degree or title) Dr. Prof. Services		22b. ADDRESS VA Hosp. Jefferson Barracks, Mo.		22c. DATE SIGNED 3-26-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 3-26-1959	23c. NAME OF CEMETERY OR CREMATORY SUNSET HILL		23d. LOCATION (City, town, or county) (State) EDWARDSVILLE, ILLINOIS
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24. FUNERAL DIRECTOR ADDRESS Clinton C. Williams Granite City, Mo.		25. DATE RECD. BY LOCAL REG. 3-27-59	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.	
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(Licensed Embalmer's Statement on Reverse Side)

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 *Ernest C. Williams*

- Licensed Embalmer No. *5016*
P. O. Address *Granite City, 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.