

FILED VS AUG 11 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-027055

State File No.

2 7090

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>2528^{1/2} W. Dodier St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSE</u>		b. (Middle) <u>W</u>		c. (Last) <u>PEITZ</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 30 1959</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>4-2-97</u>	
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo</u>	
12. CITIZENSHIP OR NATIVITY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Theodore J. Boehlert</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Ellbrocht</u>		14. NAME OF HUSBAND OR WIFE <u>Stephen H. Peitz</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Stephen H. Peitz 5042 S. 37th St</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive heart failure</u> DUE TO (c) <u>Arteriosclerotic heart disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> <u>3 months</u> <u>10 yrs.</u> <u>unknown</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>420.0</u>				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)		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 <u>May 11</u> , 1959, to <u>July 30</u> , 1959, that I last saw the deceased alive on <u>July 30</u> , 1959, and that death occurred at <u>10 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Andrew J. Fritsch M.D.</u>				23b. ADDRESS <u>St. John's Hospital</u>		23c. DATE SIGNED <u>7-31-1959</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8/1/59</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	
DATE REC'D BY LOCAL HEALTH OFFICER <u>JUL 31 1959</u>		REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert D. Kenealy</u> ADDRESS <u>2228 St. Louis Ave</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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20903

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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.....
VE Morris

Licensed Embalmer No. *3609*

P. O. Address *H. Lewis*

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.