

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004614

FILED VS FEB 5 1960 317

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 267

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>ST LOUIS COUNTY</i>		b. CITY (if outside corporate limits, give TOWNSHIP only) <i>MANCHESTER Mo. 54011m207</i>		a. STATE <i>Mo.</i>		b. COUNTY	
c. FULL NAME OF (IF NOT in hospital, give location) <i>PINE CREST HOMES Div 2</i>		Length of stay in 1b <i>5 1/2</i>		c. CITY OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS <i>4038² ARSENAL</i>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <i>FREDA</i>		Middle		Last <i>PETERS</i>		Month Day Year <i>JANUARY 26 1960</i>	
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>JAN 29 1876</i>	9. AGE (last birthday) <i>83 YRS</i>	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWIFE</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>---</i>		11. BIRTHPLACE (City and state or country) <i>Cedar Hill Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>FRED Peters</i>		13b. MOTHER'S MAIDEN NAME <i>REGINA HAWKINS</i>		14. NAME OF HUSBAND OR WIFE <i>unk.</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No Ne</i>		17. INFORMANT <i>BERTHA BURKE 4038² ARSENAL</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i>							
DUE TO (b) <i>Hypertensive cardio-vascular disease</i>							
DUE TO (c) <i>U</i>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <i>44 3x</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m. Month, Day, Year	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 <i>March 1959</i> to <i>1-26-60</i> and last saw her alive on <i>1-19-60</i> Death occurred at <i>1-26-60 8:00 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Allen McNearney MD</i>				22b. ADDRESS <i>4308 Epeter St Co</i>		22c. DATE SIGNED <i>1-26-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>JAN 29, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>LOCAL CEM.</i>		23d. LOCATION (City, town, or county) (State) <i>Cedar Hill Mo.</i>			
24. FUNERAL DIRECTOR <i>Thomas Kutis 2906 Gavois</i>		25. DATE RECD. BY LOCAL REG. <i>1-26-60</i>		26. REGISTRAR'S SIGNATURE <i>John B. Murphy M.D.</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James O. White

Licensed Embalmer No. 4347

P. O. Address 2906 E

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.