URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-025232
STATE FILE NUMBER

FILED VS JUL 7 1960

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1838

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~St. Louis~~ CLAYTON
Length of stay in 1b: 6 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hosp.
Inside Limits: Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Bridgeton
Inside Limits: Yes # No ☐
d. STREET ADDRESS (If outside, give location) 11220 So. Railroad Ave.
Reside on Farm: Yes ☐ No #

3. NAME OF DECEASED (Type or print) First: Walter Middle: M. Last: Peck
4. DATE OF DEATH Month: June Day: 15 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married # Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8)10)1877
9. AGE (last birthday): 82
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (City and state or country): Wisconsin
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Clayton Peck
13b. MOTHER'S MAIDEN NAME: Etta Lester
14. NAME OF HUSBAND OR WIFE: Catherine Peck
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 489-14-6661
17. INFORMANT: Catherine Peck Address: 11220 So. Railroad

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular Accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☐ No ☐ Unknown
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 a.m. p.m. Month, Day, Year
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 6-9-60, to 6-15-60 and last saw her/him alive on 6-15-60
Death occurred at 12:45 A.m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Morris Gordon M.D. (Degree or title)
22b. ADDRESS 601 S. Brentwood, Clayton, Mo.
22c. DATE SIGNED 6/15/60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6)17)1960
23c. NAME OF CEMETERY OR CREMATORY: St. Marys Cemetery
23d. LOCATION (City, town, or county) (State): Bridgeton, Mo.
24. FUNERAL DIRECTOR ADDRESS: Collier Mortuary, St. Ann, Mo.
25. DATE RECD. BY LOCAL REG.: 6-15-60
26. REGISTRAR'S SIGNATURE: John E. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed Sheldon Colle

Signature of Student Embalmer

Licensed Embalmer No. 338

P. O. Address St. Ar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.