

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 <i>St. Louis, Mo.</i>		Length of stay in lb <i>5 1/2 Hours</i>	c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>City Hospital</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>1121 N 7th Street</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Raymond S. Peeler</i>			4. DATE OF DEATH Month Day Year <i>Oct 30, 1960</i>		
5. SEX <i>Male</i>	6. COLOR OR <i>white</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>8-7-1926</i>	9. AGE (last birthday) <i>34</i>	IF UNDER 1 YEAR Months Days <i>34</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Mechanic</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Service Station</i>	11. BIRTHPLACE (City and state or country) <i>St. Louis</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>	
13a. FATHER'S NAME <i>Hubert Peeler</i>		13b. MOTHER'S MAIDEN NAME <i>Marie Green</i>		14. NAME OF HUSBAND OR WIFE <i>Violet Cochran Peeler</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes 2nd World's War</i>		16. SOCIAL SECURITY NO. <i>--</i>	17. INFORMANT Address <i>Wife Violet Peeler 1121 N 7th St.</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Renarrhage caused by Fracture of all ribs, left side</i> DUE TO (b) <i>Renarrhage Fractured Rives</i> DUE TO (c) <i>Supper not eaten</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not entered as terminal disease condition given in PART I (a) <i>Operated by</i>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II or PART III if item 18.) <i>deceased went out of car and struck retaining wall in front</i>			
20c. TIME OF INJURY Hour a.m. <i>110</i> Month, Day, Year <i>10 30 60</i>	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.) <i>25 Street</i>	20f. CITY, TOWN, OR LOCATION <i>St Louis Mo</i>	20g. COUNTY STATE	
21. I attended the deceased from <i>4:16 A</i> to <i>10</i> and last saw her alive on <i>11.1.60</i> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Patrick J. Taylor Coroner</i>			22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>11.1.60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>11-3-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Matthews</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo</i>		
24. FUNERAL DIRECTOR <i>Weick Bros 2201 S. Grand Blye</i>		25. DATE RECD. BY LOCAL REG. <i>NOV 1 1960</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith 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

Stanley F. Dixon

Licensed Embalmer No. *2419*

P. O. Address *St. Joe*

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.