

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046738
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11771**

AMENDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis	Length of stay in 1b 7 days	c. CITY OR TOWN Pagedale	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hosp.		d. STREET ADDRESS (If outside, give location) 1463 Ferguson Ave.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Milton Middle Henry Last Peeters			4. DATE OF DEATH Month Dec. Day 16 Year 1961	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-25-1916	9. AGE (last birthday) 44
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packing Analyst		10b. KIND OF BUSINESS OR INDUSTRY Wagner Elec.	11. BIRTHPLACE (City and state or country) St. Louis County	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Louis Peeters		13b. MOTHER'S MAIDEN NAME Ida Schultz	14. NAME OF HUSBAND OR WIFE E. Grace Peeters	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No None			17. INFORMANT E. Grace Peeters-1463 Ferguson St. Address Pagedale	

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) MYOCHROIAL FAILURE		24 HRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) PNEUMONIA	24 HRS
	DUE TO (c) BRONCHOGENIC CA	1 Mo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1621		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 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.)
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20c. TIME OF INJURY Hour a.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 Pagedale, Mo.
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21. I attended the deceased from 12-7-61 to 12-17-61 and last saw ^{her} _{him} alive on 12-17-61 Death occurred at 6:46 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William Scelapino	22b. ADDRESS 3720 Washington	22c. DATE SIGNED 12-19-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-19-1961	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) Pagedale, Mo.
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24. FUNERAL DIRECTOR ADDRESS Baumann Bros. Inc.	25. DATE RECD. BY LOCAL REG. DEC 18 1961	26. REGISTRAR'S SIGNATURE Leah Smith, M.D.
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2501 Woodson Rd., Overland, Mo.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3464

P. O. Address St. 14 2nd

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.