SOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-046743

FILED DEC 21 1961

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11627

AMENDED

DATE AMENDED 1-29-64

INSTEAD OF Elizie Peterson

SHOULD READ Eliza Peterson

ITEM NO. 3

BY AFFIDAVIT OF Informant

DOCUMENT

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St. Louis
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 2221 Locust St.
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First ~~Elizie~~ Eliza Middle Last Peterson

4. DATE OF DEATH Month 12 Day 12 Year '61

5. SEX Female

6. COLOR OR RACE Negro

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH 5/10/72

9. AGE (last birthday) 89

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) House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Marball Ark.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Rubin Grafton

13b. MOTHER'S MAIDEN NAME Emily Douley

14. NAME OF HUSBAND OR WIFE Deseased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT William Peterson Address 4275 Maff. H

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) Artercoselcrotic Renal Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c) 446X
INTERVAL BETWEEN ONSET AND DEATH Unknown
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 12-9-61 to 12-12-61 and last saw her alive on 12-12-61
Death occurred at 1:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. E. Smith (Degree or title) M.D.

22b. ADDRESS 2715 Union St. Louis

22c. DATE SIGNED 12-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Motor

23b. DATE 12/18/'61

23c. NAME OF CEMETERY OR CREMATORY Washington Park

23d. LOCATION (City, town, or county) Burkely (State) Mo.

24. FUNERAL DIRECTOR Porter Funeral Home ADDRESS 3028 Dickson

25. DATE RECD. BY LOCAL REG. DEC 14 1961

26. REGISTRAR'S SIGNATURE Roard Smith M.D.

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_____ Signed W. Claude Gordon

Signature of Student Embalmer

Licensed Embalmer No. 3489

P. O. Address 1123 N Jay

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.