

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-046765**

Registration District No. 318, Primary Registration District No. 1003, Registrar's No. 11929 STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

**FILED JAN 5 1962**

1. PLACE OF DEATH  
a. COUNTY 3 yrs.  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 9 mo.  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chronic Hosp. Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY \_\_\_\_\_  
c. CITY OR TOWN St. Louis Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 5 N. 9th St. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Peter Middle \_\_\_\_\_ Last Primeau  
4. DATE OF DEATH Month 12 Day 18 Year 61

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 12-9-79 9. AGE (last birthday) 82 IF UNDER 1 YEAR IF UNDER 24 HR  
Months \_\_\_\_\_ Days \_\_\_\_\_ Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown. 10b. KIND OF BUSINESS OR INDUSTRY unknown 11. BIRTHPLACE (City and state or country) Mo. 12. CITIZEN OF WHAT COUNTRY usa

13a. FATHER'S NAME Joseph Primeau 13b. MOTHER'S MAIDEN NAME Adeline ? Unknown 14. NAME OF HUSBAND OR WIFE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown 16. SOCIAL SECURITY NO. unknown 17. INFORMANT St. Vincent dePaul Address 4140 Lindell

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Bronchopneumonia, bilateral INTERVAL BETWEEN ONSET AND DEATH 2 days  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_  
DUE TO (c) 491x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis  
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 3-25-58 to 12-16-61 and last saw him alive on 12-16-61  
Death occurred at 1:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Marvin G. Fingerhood, M.D. 22b. ADDRESS St. Louis Chronic Hospital 22c. DATE SIGNED Dec. 18, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12/21/61 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) St. Louis (State) Mo.

24. FUNERAL DIRECTOR Cullen Kelly ADDRESS 7267 Natural Bridge 25. DATE RECD. BY LOCAL REG. DEC 21 1961 26. REGISTRAR'S SIGNATURE Loed 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.

*Not Emb.*

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*James A. Lammers*

Licensed Embalmer No. 4142

P. O. Address St Louis

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.