

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008569

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2457

STATE FILE NUMBER

FILED MAR 7 1962

VS 300 Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only), Length of stay in lb
 OR TOWN St. Louis Life

c. CITY OR TOWN St. Louis Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6349 Murdock Ave. Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 6349 Murdock Ave. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Katherine B. Peet

4. DATE OF DEATH Month Day Year March 1st, 1962

5. SEX F. 6. COLOR OR RACE W. 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1/7/1877 9. AGE (last birthday) 85

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) At home 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME John Connors 13b. MOTHER'S MAIDEN NAME Mary Murphy 14. NAME OF HUSBAND OR WIFE Charles C. Peet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT Mr. John G. Peet, 6349 Murdock Ave. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Arterio-Sclerotic Heart Disease
 DUE TO (b) Same
 DUE TO (c) 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Oh Nephrotic

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 10 am. Jan 22 1962 to 10 am. Feb 25 1962 and last saw her alive on Feb 25 1962 and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree of title) 22b. ADDRESS 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3/5/1962 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Eugene Kohler
4968a Delmar Blvd. 12-4 pm.

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address 3840 Lindale

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.