

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008578

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2289

STATE FILE NUMBER

**FILED MAR 7 1962**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS MO. Length of stay in 1b 8 WEEKS  
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHNS HOSPITAL 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) 6259 FAMOUS Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last ROBERT LEO PETERS 4. DATE OF DEATH Month Day Year 2-25-1962

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 1-8-1946 9. AGE (last birthday) 16 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) NONE 10b. KIND OF BUSINESS OR INDUSTRY NONE 11. BIRTHPLACE (City and state or country) ST. LOUIS, MO. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME REINHOLD PETERS 13b. MOTHER'S MAIDEN NAME EDNA MEYER 14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NONE 16. SOCIAL SECURITY NO. NONE 17. INFORMANT REINHOLD PETERS Address 6259 FAMOUS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) GENERALIZED CARCINOMATOSIS INTERVAL BETWEEN ONSET AND DEATH 3 MO.  
DUE TO (b) RHABDOMYOSARCOMA LEFT SPERMATIC CORD.  
DUE TO (c) \_\_\_\_\_

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_ 179-7  
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 3:50 12/8/61 to P 2/25/62 and last saw her/him alive on 2/25/62  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edward J. Becker (Degree or title) M.D. 22b. ADDRESS 906 OLIVE ST LOUIS 1 22c. DATE SIGNED 2/26/62

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE 2-28-1962 23c. NAME OF CEMETERY OR CREMATORY MT. OLIVE CEMETERY 23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO.

24. FUNERAL DIRECTOR HOWARD H. MICHEL ADDRESS 6930 SOUTHWEST 25. DATE RECD. BY LOCAL REG. FEB 26 1962 26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

**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

*V E Morris*

Licensed Embalmer No.

*3360*

P. O. Address

*St Louis, Mo.*

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.