

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

since 2-20-62 -62-017147

DEPARTMENT OF PUBLIC HEALTH AND WELFARE
DO NOT WRITE ON THIS STUB

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4466**

STATE FILE NUMBER

FILED MAY 10 1962

VS 300
Rev. 4/59
1
2 2/80
3
4 0
5 0
6
7 0
8 1
9
10
11
12 84-0
13

DATE AMENDED
INSTEAD OF
DOCUMENT
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 30 minutes		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		a. STATE Missouri		COUNTY		d. STREET ADDRESS (If outside, give location) 4218 St. Louis		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First Gene		Middle William		Last Peppers		4. DATE OF DEATH Month Apr. Day 29, Year 1962		
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-22-61		9. AGE (last birthday) 1 yr.		
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.		IF UNDER 1 YEAR Months Days Hours Min.		
13a. FATHER'S NAME Paul Eugene Peppers			13b. MOTHER'S MAIDEN NAME LaVerne Peebles			14. NAME OF HUSBAND OR WIFE never married				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Hane Henriksen		Address 500 S. Kingshighway St. Louis, Mo				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest Respiratory Failure DUE TO (b) Conenital Heart Disease DUE TO (c) probably fibroelastosis 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) 754.4						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.)						
20c. TIME OF INJURY Hour a.m. p.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		COUNTY		STATE		
21. I attended the deceased from 4-29-62 to 4-29-62 and last saw her/him alive on 4-29-62		at 1:50 pm		Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>Walter H. Chavanne MD</i>		(Degree or title)		22b. ADDRESS 500 s. Kingshighway St. Louis, Mo.		22c. DATE SIGNED 4-29-62				
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5-2-1962		23c. NAME OF CEMETERY OR CREMATORY ST MATTHEWS		23d. LOCATION (City, town, or county) ST Louis Mo		(State)		
24. FUNERAL DIRECTOR Rowland Axer		ADDRESS 4106 Manchester		25. DATE RECD. BY LOCAL REG. MAY 1. 1962		26. REGISTRAR'S SIGNATURE <i>Loed Smith, M.D.</i>				

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 Phillip H Ogden

Licensed Embalmer No. 5170

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.